



ODP Staff Profile

2009 - 2010

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Coaching Licenses Held

- | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> USSF 'A' License | <input type="checkbox"/> NSCAA Premier Diploma |
| <input type="checkbox"/> USSF 'B' License | <input type="checkbox"/> NSCAA Advanced National Diploma |
| <input type="checkbox"/> USSF 'C' License | <input type="checkbox"/> NSCAA National Diploma |
| <input type="checkbox"/> USSF 'D' License (National) | <input type="checkbox"/> NSCAA Advanced Regional Diploma |
| <input type="checkbox"/> USSF 'D' License (State) | <input type="checkbox"/> NSCAA Regional Diploma |
| <input type="checkbox"/> USSF 'E' License | |
|
 | |
| <input type="checkbox"/> USSF Youth National License | <input type="checkbox"/> NSCAA Advanced Youth Diploma |
|
 | |
| <input type="checkbox"/> USSF National Goalkeeping License | <input type="checkbox"/> NSCAA Advanced National GK Diploma |
| | <input type="checkbox"/> NSCAA National GK Diploma (level 3) |
| | <input type="checkbox"/> NSCAA Regional GK Diploma (level2) |
|
 | |
| <input type="checkbox"/> Other licenses not above (foreign licenses, etc.– Please list; _____ | |

Current Coaching Responsibilities (List all affiliations, i.e. if you coach at the university and club level)

College / University _____

Gender _____

Head or Assistant? _____

Club _____ High School _____

Age Group & Gender _____ Gender _____

Head or Assistant? _____ Head or Assistant? _____

Select the positions for which you wish to be considered

- | | |
|----------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> State Coaching Staff | <input type="checkbox"/> District Coaching Staff |
| <input type="checkbox"/> State Goal Keeping Staff | <input type="checkbox"/> District Goal Keeping Staff |
| <input type="checkbox"/> State Evaluation Staff | <input type="checkbox"/> District Evaluation Staff |

If you selected to be considered for **District Training**, please circle the District for which you are available;

District 1 Cincinnati Area	District 2 Dayton Area	District 3 Columbus Area
-------------------------------	---------------------------	-----------------------------

Please circle the session times for which you are available;

Fall 2009

Sat. Nov 7	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sun. Nov 8	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sat. Nov 14	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sun. Nov 15	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Nov 21 (Rain Date)	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Nov 22 (Rain Date)	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL

Spring 2010

Sat. Mar 6	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sun. Mar 7	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sat. Mar 13	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Sun. Mar 14	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Mar 20 (Rain Date)	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL
Mar 21 (Rain Date)	10am - 12pm	12pm - 2pm	2pm - 4pm	ALL

I understand that I may not use the ODP program, uniforms or any materials provided by the ODP Program for the recruitment of players for any Youth Club or team. I may be asked to appear before the conduct committee of Ohio South and may be subject to sanctions including suspension from ODP, OSYSA, US Youth Soccer (USYS), or United States Soccer Federation (USSF).

Signed: _____

Date: _____

INDEPENDENT CONTRACTORS AGREEMENT

This Agreement is between the OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC., hereinafter called
The Association and, hereinafter called the Contractor as follows:

1. Contractor agrees to perform, as an independent contractor, coaches training services as specified for the Association.
2. The Association shall pay the Contractor for the aforementioned performance in accordance with the rate(s) set forth in Schedule A as shown below.
3. Both parties agree that the Contractor named above is acting as an independent Contractor. This agreement does not create any relationship of partnership, joint venture, fiduciary agreement or employment relationship between the Association and the Contractor named above. Nothing herein shall be construed to give the Contractor a status other than that of independent contractor. Contractor is not an employee of the Association.
4. Consistent with the status as independent contractor, the Contractor agrees that the Association representative may, as required, advise the desired final result that the service is designed to achieve. Coaches' Clinics and training services will be performed to the satisfaction of the Association.
5. Contractor expressly disclaims possession of any rights in respect to the Association except those to which an independent contractor is entitled by law or agreement. Contractor affirms that all compensation paid hereunder to Contractor shall be in full without any deduction for federal or state income taxes, F.I.C.A. tax, federal or state employment or disability insurance, or similar taxes or contributions, all of which are Contractor's obligation to the extent required by any independent contractor. Contractor expressly releases the Association from any claim Contractor may have if Contractor were an employee, including without limitation any claim arising under a worker's compensation act.
6. Contractor agrees that Contractor shall be solely responsible for all loss, expense (including attorney's fees) and damage and shall indemnify the Association against and save the Association harmless from all claims, demands and judgments because of damage to property or personal injury including death, from any cause whatsoever, arising out of, incidental to or in connection with the services Contractor shall perform hereunder, whether or not caused by Contractor's negligence, provided that this indemnification and hold harmless agreement shall not apply to circumstances resulting from the sole negligence of the Association as finally determined by a court of competent jurisdiction.
7. Either party without cause, upon thirty (30) days written notice may terminate this Agreement.

Are you aware of any situations regarding your coaching in Ohio South ODP that may be construed as a conflict of interest with other club, high school, college, etc. programs?

Please circle one NO YES (if yes, explain _____)

PLEASE SIGN CONTRACTOR SECTION BELOW:

(PRINT NAME) _____

(SIGN) _____
For the Association

(SIGN) _____
Independent Contractor

Date signed _____

Date Signed _____

ODP Payment Schedule (2009 – 2010)

State Coach	\$850.00	11 Spring (Apr. – Jul.) training sessions and 5 day Regional Camp
State Assistant	\$550.00	11 Spring (Apr. – Jul.) training sessions and 5 day Regional Camp
State Coach	\$595.00	11 Spring (Apr. – Jul.) training sessions, 3 day Regional Camp and 1 travel day
State Assistant	\$395.00	11 Spring (Apr. – Jul.) training sessions, 3 day Regional Camp and 1 travel day
District Coach	\$400.00	4 Fall (Nov.) training Sessions, and 6 Spring (Mar.) training sessions
District Assistant	\$250.00	4 Fall (Nov.) training Sessions and 6 Spring (Mar.) training sessions

**PLEASE NOTE: DEDUCTIONS FROM THE ABOVE SCHEDULE WILL OCCUR FOR MISSED SESSIONS
State Coach Payment Schedule includes per diem for Regional camp**

Name _____

Adidas is the OFFICIAL SUPPLIER to OSYSA for the ODP and State Teams. Adidas will again be providing some apparel for our coaches this year. I will be ordering all Adidas Coaching gear on October 1. Please provide the following information to me by September 20th so I may order the appropriate items.

IF THIS FORM IS NOT RETURNED BY THE DATE ABOVE, NO APPAREL WILL BE ORDERED FOR YOU.

Shirt: XL L M S Shorts: XL L M S

Warm Up: XL L M S Shoe:

Checklist

- 1. Page 2 - District Training availability section – Did you circle the District you are available to work in?
- 2. Page 2 - District Training availability section – Did you circle the session times you are available for?
- 3. Page 3 – Independent Contractor section - Did you sign the Independent Contractor agreement?

Last Step.....Fill out the Kidsafe Risk management form online using the following link;

[Kidsafe Risk Management Form](#)

If this form is a printed version or the link is unavailable, please go to www.osysa.com – Forms and resources tab – Risk Management Forms – Complete a Kidsafe Risk management Form