



*National Youth License*  
*“Candidates Invitation Letter”*

Dear Coach,

The Nebraska State Soccer Association will be hosting a National Youth License Coaching Course over two weekends from February 26-28 and March 6 – 7, 2010. The course will be limited to 36 candidates, and will be filled primarily on a first come first basis. I encourage you to complete your application process as soon and as correctly as you can.

I have included all the necessary information below. Please follow it carefully.

DATES: February 26-28 and March 6 – 7, 2010.  
TIMES: check-in between 4:00pm to 5:30pm on February 26, 2010  
Depart after 4 PM on March 7, 2010  
PLACE: Creighton University, Omaha, NE  
COST: Tuition of **\$ 550.00** (cost does not include room and board)

Application:

1. A \$100.00 non-refundable application fee or full tuition is due upon application.
2. One passport size photograph (1"X 2")
3. A completed application must be accompanied by the above in order to be received and a place reserved.
4. A late cancellation fee of \$75.00 will be assessed to candidates who cancel less than three (3) weeks from the start of the course.
5. Mail all applications to: Nebraska State Soccer Association, Attn: Matt Howe, Director of Coaching, 10700 Sapp Brothers Drive, Suite B, Omaha, NE 68138

Confirmation of application acceptance will be sent. Information on travel, check-in procedures, suggested equipment, course schedule, etc. will be sent out. Balance of payment will be due on February 1, 2010.

I look forward to hearing from you. Please be sure to get your application in early in order to secure your spot.

Sincerely,

Matt Howe  
Director of Coaching



Attach Photo Here

NATIONAL YOUTH LICENSE CANDIDATE APPLICATION

Name: \_\_\_\_\_ E- mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Male Female U.S. Citizen: Yes No
(circle one) (circle one)

Course Registration:

Course: National Youth License \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Existing License(s): \_\_\_\_\_ Issued by USSF, NSCAA, Other Date Received/Date Renewed License Level & #

Member of US Soccer Coaching Organization? Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Member of US Youth Soccer Coaches Connection? Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

T-Shirt Size (M, L, XL, XXL)

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please Select from the following choices:

\_\_\_\_\_ \$550.00 (cost does not include room and board)

\_\_\_\_\_ If you have a disability or need special accommodations or assistance, please check here and contact the hosting State Association.

Candidate has approval to take State Youth Coaching Module Instructor Course upon successful completion of NYCC.
State Director of Coaching
State Association

PAYMENT: Enclose personal check, cashiers check, or money order,

FOR OFFICE USE ONLY:

Deposit Amount: \_\_\_\_\_ Received \_\_\_\_\_ Balance Due \_\_\_\_\_ Final Payment \_\_\_\_\_ Received on \_\_\_\_\_ Verification Letter \_\_\_\_\_

Withdrew on \_\_\_\_\_ Refund Due \_\_\_\_\_ Refund Paid \_\_\_\_\_ Date Refunded \_\_\_\_\_



**NATIONAL YOUTH LICENSE  
COACH HEALTH REPORT**

*(To be completed and submitted upon check-in.)*

THIS FORM DOES NOT NEED TO BE COMPLETED BY PHYSICIAN

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Office Phone \_\_\_\_\_

PLEASE ANSWER EVERY QUESTION ABOUT YOUR HEALTH:

- |     |  |            |
|-----|--|------------|
| 1.  | Has had any injuries requiring medical attention.                        | Yes__ No__ |
| 2.  | Has had illness lasting more than one week.                              | Yes__ No__ |
| 3.  | Is under a physician's care now.   | Yes__ No__ |
| 4.  | Takes medication now.  | Yes__ No__ |
| 5.  | Wears glasses___ Wears contact lenses___                                 | Yes__ No__ |
| 6.  | Has had a surgical operation.  | Yes__ No__ |
| 7.  | Has been in hospital (except for tonsillectomy)                          | Yes__ No__ |
| 8.  | Has high blood pressure, abnormal heart rate or any heart disease.       | Yes__ No__ |
| 9.  | Has had trouble with dehydration (excess loss of salt water). Yes__ No__ | Yes__ No__ |
| 10. | Has had heat stroke.   | Yes__ No__ |
| 11. | Has any known drug, food or pollen allergy.                              | Yes__ No__ |
| 12. | Has been immunized against flu___polio___ tetanus___                     | Yes__ No__ |
| 13. | Should not participate in strenuous exercise.                            | Yes__ No__ |

PLEASE EXPLAIN ANY YES ANSWERS TO ANY OF THE QUESTIONS:

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**(YOU MUST COMPLETE BOTH SIDES OF FORM IN ORDER TO ATTEND SCHOOL)**

## RELEASE OF LIABILITY

NAME (PRINT) \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

PHONE # (    ) \_\_\_\_\_  
          Area code

DATE OF BIRTH \_\_\_\_\_

Being fully cognizant of the physical training requirements of the UNITED STATES SOCCER FEDERATION COACHING SCHOOL, I represent that I am physically able to participate and hereby hold the U.S.S.F., their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Being fully cognizant of the physical training requirements of coaching courses, I represent that I am physically able to participate and hereby hold US YOUTH SOCCER, its State Associations, their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_