



1655 South Arlington Heights Road, Suite 201 . Arlington Heights, Illinois 60005 . USA  
 Telephone: 847.290.1577 . Fax: 847.290.1576 . e-mail: iysa@iysa.org

[www.illinoisyouthsoccer.org](http://www.illinoisyouthsoccer.org)

## Illinois Youth Soccer – Coaching Education Program Youth Module Course Application Form

*Entry Deadline: 14 days prior to course date!!*

*Use separate Application Form for each applicant and course.*

Applicant's Name \_\_\_\_\_

(Last name, First name)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*(Please provide us with an e-mail address. Confirmations will be sent via e-mail one (1) week prior to the course date(s))*

***Indicate Course Date(s) and Location for which you are submitting application & payment***

Date(s)	Location

***Circle the Course Level you wish to attend and enclose a check for applicable fees***

**Please make the check payable to: Illinois Youth Soccer - CEP**

COURSE LEVEL	COURSE HOURS	COURSE FEE*	TOTAL
U6-U8 YOUTH MODULE	4.5 HOURS	\$85	
U8-U10 YOUTH MODULE	4.5 HOURS	\$85	
U10-U12 YOUTH MODULE	4.5 HOURS	\$85	

***IMPORTANT NOTE: \*A legible copy of applicant's Illinois Youth Soccer currently registered affiliated league coaches pass, front and back, must be attached to this application in order to qualify for the \$25 Illinois Youth Soccer affiliate course discount. Course fees are non-refundable. Course subject to cancellation if minimum number of participants are not pre-registered.***

***COURSE FEE PROVIDES YOU WITH AN ILLINOIS YOUTH SOCCER YOUTH MODULE MANUAL (TO BE HANDED OUT AT COURSE) AND A COPY OF THE 2003/2004 U.S. SOCCER "LAWS OF THE GAME MADE EASY".***

**THIS SECTION MUST BE COMPLETED!!**

\_\_\_\_ Recreational Team Coach \_\_\_\_ Travel Team Coach \_\_\_\_ Other \_\_\_\_\_

TEAM NAME \_\_\_\_\_ BOYS \_\_\_\_ GIRLS U- \_\_\_\_\_

CLUB AFFILIATION \_\_\_\_\_ LEAGUE AFFLIATION \_\_\_\_\_

# ***THIS PAGE MUST BE COMPLETED AND SIGNED!!!***

Describe Medical or Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate certificates or other soccer licenses (type, level, number and name of issuing organization): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***By signing here, you understand the course fees are not refundable, and course fees are only transferable to another Illinois Youth Soccer coaching course. Course fees will only be refunded in the event of a course cancellation by the Illinois Youth Soccer office.***

Course Participant/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## **LIABILITY WAIVER**

I, the undersigned applicant/participant fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Course Participant/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_