Office Use:
Date: _____
Payment: $_____
Deposit: ___ Full:___
Check:_____
Refund: $ _____
E Course:_____
Med. History: _____
Med. Release: _____

CALIFORNIA YOUTH SOCCER ASSOCIATION
NON-RESIDENT
NATIONAL "D" COURSE

Location: **Canyon Trail Park, 6757 Gatto Street, El Cerrito, CA 94530**
Course Date: **June 21-23 and June 28-30, 2013**
Course Contact: Kristina Evans, Cal North Administrative Assistant
kevans@calnorth.org
Address: 1040 Serpentine Lane #201, Pleasanton, CA 94566

Course Fee: Cal North Members: $275.00, Non-Cal North Members: $375.00 (Non-refundable deposit of $100.00 is due with application. If paying my credit card, see below)
Prerequisites: CYSA E or USSF E License (USSF E is highly recommended).
Course Requirement: Minimum age 18 years of age and must have earned and held an "E" level Coaching License for a minimum of 12 months.

Submit with this form a copy of your E certificate, Med. History, Med. Release and non-refundable deposit or full fee.

Mail required documents and deposit to:
CAL NORTH Office
1040 Serpentine Lane #201
Pleasanton, CA 94566

ENROLLMENT IS LIMITED TO THE FIRST 16 QUALIFIED CANDIDATES

Name: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Fax: _____ **DOB: (for database):** _____

E-Mail: _____ _____

District #_____ **League #**_____**Gender: (please circle):** **M** **F**

Credit card: Master card or Visa ONLY

Card Number: _____ **Exp. Date:** ____/____**Security Code:** _____
Name on Card: _____**Billing Address:**_____
Please indicate amount you wish charged: $_____*If only paying deposit, do you wish balance to be charged to this card on* **06/07/2013** *YES NO*

Signature: _____**Date:** _____

Verification of acceptance will be mailed to all candidates upon receipt of this application, copies of all prerequisite documents and the $100.00 Deposit. Balance of course fee is due: **June 7, 2013**
Please contact Carlos Menjivar for additional details and questions: 707-319-9142.

MEDICAL HISTORY QUESTIONNAIRE

LAST NAME: _____ FIRST NAME: _____ MIDDLE I.: ___

ADDRESS: _____ CITY:_____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ _GENDER: M F

EMERGENCY CONTACT: _____

HM PH: _____ WK PH: _____ CELL: _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED. ALL INFORMATION WILL BE CONFIDENTIAL.

1. Are you allergic to any medication (aspirin, penicillin, sulfa, etc)? If yes, please list:	YES NO
2. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, anti-inflammatories, antibiotics, etc.)?	YES NO List Reason:
3. Have you ever had an epileptic seizure?	YES NO
4. Have you ever been told by a doctor that you have epilepsy? If yes, list medication:	YES NO
5. Have you ever been treated for diabetes?	YES NO
6. Have you ever been told by a doctor that you were anemic? If yes, list date:	YES NO
7. Do you or have you ever had high blood pressure? If prescribed to medication, please list:	YES NO
8. Have you ever had heart disease (heart murmur, rheumatic fever)? If yes, list date:	YES NO
9. Have you ever have lung disease (pneumonia)? If yes, list date:	YES NO
10. Have you ever have kidney disease (infectious)? If yes, list date:	YES NO
11. Have you ever had liver disease (mononucleosis, hepatitis)? If yes, list date:	YES NO
12. Do you or have you ever been told by a doctor that you have asthma? If yes, list medication:	YES NO
13. Do you or have you ever had a hernia or "rupture"? If so list date/ repaired:	YES NO
14. Have you ever been "knocked out" (unconscious) in the past 3 years? If yes, list date:	YES NO
15. Have you had a concussion or other head injury in the past 3 years? If yes, list date:	YES NO

16. Have you stayed overnight in a hospital due to a head injury?	YES NO
17. Have you ever had a neck injury involving bonesm nerves or disks that disables you for a week or longer? List of Injury & date:	YES NO
18. Do you wear glasses or contacts during competition?	YES NO
19. Do you wear any of the following dental appliances: permanent bridge, braces, removable, retainer, permanent retainer, removable partial plate, full plate, permanent crown or jacket?	List all that apply:
20. Have you had a broken bone or fracture in the past 2 years? Bone Right Left	YES NO
21. Have you ever had a shoulder injury in the past 2 years that disabled you for a week or longer? (dislocation, separation, etc.) Type of Injury/ right of left:	YES NO
22. Have you ever had shoulder surgery? Right Left	YES NO
23. Have you ever injured your back? Type of injury:	YES NO
24. Do you have back pain? Seldom, occasionally, frequently with vigorous exercise, with heavy lifting	List all that apply:
25. Have you injured your knee in the past two years?	YES NO
26. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee?	YES NO
27. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? Right Left	YES NO Date:
28. Have you ever had knee surgery? Right Left	YES NO
29. Have you had a severe ankle sprain in the past 2 years?	YES NO
30. Do you have a pin, screw, or plate in your body? If yes, list location:	YES NO
31. Do you have other conditions that we should be aware of? Details:	YES NO
32. Date of Your Last Tetanus shot:	Date:

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE

Signature: Date:

Coaching Program Medical Release Treatment Form National "D" Candidates

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry for:

_____
(LAST NAME, FIRST NAME) as it appears on Birth certificate-NO NICK NAMES

This care may be given under whatever conditions are necessary to preserve life, limb or well-being of myself. I also hereby release the California Youth Soccer Association, Inc. and affiliated organizations and personnel, owners of fields and facilities used by the California Youth Soccer Association against any claim by or on behalf of registrant as a result of the registrant's participation in the Program, and/or being transported to and from, which transportation I hereby authorize.

Print Name _____ Signature _____ Date _____

PLEASE PRINT LEGIBLE, THIS IS IMPORTANT INFORMATION

CANDIDATE INFORMATION		
Name:	M F Date of **BIRTH**:	
Address:	City:	Zip:
Home Phone:	Cell Phone:	
Medical Insurance carrier:		
Medical Card Number: (Do not send a copy of card) Please carry card on self during course		
EMERGENCY CONTACT INFORMATION		
Please complete the following with contact information of a person that can be reached while you are attending the course.		
Name:	Relationship to you:	
Work Number:	Home Number:	
Cell Number:	Alternate number:	
Alternate Contact:	Work Number:	
Home Number:	Cell Number:	

USSF “D” License Course

The “D” License course designed for the experienced coach who has already received training at the “E” level or who has several years of coaching and/or playing experience. The focus of this course is to improve individual’s and team’s ability. The “D” is a licensing course offered under the auspices of the U.S. Soccer Federation through affiliated members at the state level. In order to maintain consistency in the delivery and execution of the course the following objectives, expectations and grading policies for the “D” License course have been established. Successful completion of the “D “course certifies coaches with either a State or National “D” License. Both licenses are non-expiring and are awarded following the completion of both theoretical and practical testing. Coaches wishing to take this course should log on to the Cal North Coaching Course Calendar and follow the instructions to sign-up.

A. Objectives for the “D” License

- To prepare coaches by expanding their knowledge and understanding of the technical and tactical demands of the game and the developmental process necessary for players.
- To provide an understanding of practical coaching methodology and the framework necessary to prepare players and a team for competition.
- To prepare coaches for whom this represents their final coaching course as well as those who plan to pursue an advanced U.S. Soccer Federation National Coaching License.

B. Expectations of candidates

- Participate in all activities (field, lecture and discussion groups).
- Demonstrate coaching ability and basic soccer knowledge.

Prerequisites:

- Minimum Age: 18 years of age
- Must have earned and held an “E” level Coaching License for a minimum of 12 months. (USSF E License is highly recommended).

Course Length: 36 Hours

Schedule:

- First Weekend (Friday afternoon, Saturday, Sunday)
  - 6 hrs. Classroom
  - 12 hrs. Field
- Second Weekend (Friday afternoon, Saturday, Sunday)
  - 6 hrs. Classroom
  - 12 hrs. Field

Testing:

- Yes
  - National D: National D License*
  - State D: State D Certificate (must re-test to receive National D)
  - Not Ready: Must re-take the course

Course Size:

- Limited to 16 candidates, per Instructor

Cost:

- See Application

All candidates will receive the USSF “D” course manual and upon completion a Course Certificate.

*Waiting period: Candidates wishing to attend a U.S. Soccer National Coaching School to take the “C” License course must have earned and held a National “D” License for a minimum of 12 months.