



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

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

**Location:** Aptos High School, 100 Mariner Way, Aptos, CA, 95003  
**Course Date:** January 4-6 and January 11-13, 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 12/21/2012? 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: December 21, 2012

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.

Are you allergic to any medication (aspirin, penicillin, sulfa, etc)?	YES NO List:
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:
Have you ever had an epileptic seizure?	YES NO
Have you ever been told by a doctor that you have epilepsy?	YES NO List Medication:
Have you ever been treated for diabetes?	YES NO
Have you ever been told by a doctor that you were anemic?	YES NO List Date:
Do you or have you ever had high blood pressure?	YES NO List Medication:
Have you ever had heart disease (heart murmur, rheumatic fever)?	YES NO List Date:
Have you ever have lung disease (pneumonia)?	YES NO List Date:
Have you ever have kidney disease (infectious)?	YES NO List Date:
Have you ever have liver disease (mononucleosis, hepatitis)?	YES NO List Date:
Do you or have you ever been told by a doctor that you have asthma?	YES NO List Medication:
Do you or have you ever had a hernia or "rupture"?	YES NO Has it been repaired: Date:
Have you ever been "knocked out" (unconscious) in the past 3 years?	YES NO List Date:
Have you had a concussion or other head injury in the past 3 years?	YES NO List Date:



Have you stayed overnight in a hospital due to a head injury?	YES NO List Date:
Have you ever had a neck injury involving bonesm nerves or disks that disables you for a week or longer?	YES NO List Date:  List Injury:
Do you wear glasses or contacts during competition?	YES NO
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:
Have you had a broken bone or fracture in the past 2 years?	YES NO Date: Bone: R/L:
Have you ever had a shoulder injury in the past 2 years that disabled you for a week or longer? (dislocation, separation, etc.)	YES NO Type of injury: R/L:
Have you ever had shoulder surgery?	YES NO Date: What was done & why?:
Have you ever injured your back?	YES NO Type of injury:
Do you have back pain? SELDOM, OCCASIONALLY, FREQUENTLY WITH VIGOROUS EXERCISE, WITH HEAVY LIFTING	List all that apply:
Have you injured your knee in the past two years?	YES NO
Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee?	YES NO Date: R/L:
Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee?	YES NO Date: R/L:
Have you ever had knee surgery?	YES NO Date: R/L: What was done?
Have you had a severe ankle sprain in the past 2 years?	YES NO R/L:
Do you have a pin, screw, or plate in your body?	YES NO Location: Date:
Do you have other conditions that we should be aware of?	YES NO Details:
Date of Your Last Tetanus shot:	Date:

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

Candidates Name:

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**

<b>CANDIDATE INFORMATION</b>			
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			
<b>EMERGENCY CONTACT INFORMATION</b>			
<i>Please complete the following with contact information of a person that can be reached while you are attending the course.</i>			
Name:	Relationship to you:		
Work Number:	Home Number:		
Cell Number:	Alternate number:		
<b>Alternate Contact:</b>	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.