

National Youth License San Ramon- California Tuesday, May 28- Saturday, June 1, 2013

Cal North will be hosting a National Youth License Coaching Course this summer in San Ramon. The course will be limited and will be filled on a first come, first served basis.

The National Youth License, a U.S. Soccer course, focuses upon the nature of children and adjustments adults must make to coach them. The course curriculum covers the ages of 4-12 years old. Each day of the course, the focus is upon one of the traditional soccer age groups of U6, U8, U10 or U12.

Children of the appropriate age group are brought to the course site and are placed in a model training environment with the coaches in attendance. The candidates are videotaped while coaching the players and the video is reviewed with each candidate to aid in the education of the coach. The course combines both classroom (theory) and field (practical) sessions. The course concludes with written, oral and practical examinations.

The National Youth License course is five days in length. It is ideal for anyone hoping to become a better and more effective coach. It is also a great opportunity for "A" Licensed coaches to receive 8 CEUs upon successful completion of the course.

Tuesday, May 28- Saturday, June 1, 2013 Dates:

Location: Lecture: Courtyard Marriott, 18090 San Ramon Valley Blvd., San Ramon, CA 94583, (925) 866-2900

Field: San Ramon, CA

Cost: Lodging and meals not included: Cal North Members- \$675.00

Non-Cal North Members- \$775.00

Prerequisites: Candidates must be 18 years of age and hold National D License. Coaches

without a D License must obtain a waiver from the state Director of Coaches.

Registration: The following must be received to register for the course:

~Completed Course Application

~Full tuition or \$200 non-refundable application fee

~One passport size photograph (1" x 2")

Payment can be made by credit card online or by mailing a check or money Payment:

order to the address below along with the application.

Deadline: Applications and balance of the course must be received to the Cal North office

no later than Monday, April 29, 2013.

Requirements:

Candidates are also responsible for the required Reading on the topics listed below prior to attending the course:

Laws of the Game **Team Management** Risk Management

Ethics

Prevention and Care Injuries

All registration materials should be mailed to:

Cal North

Attn: Kristina Evans

1040 Serpentine Lane, Suite 201

Pleasanton, CA 94566

Acceptance is not guaranteed until all required information and fees are received. Confirmation of acceptance will be sent by email along with course schedule, directions, and other course materials. Additional questions/ concerns should be emailed to Kristina Evans at: kevans@calnorth.org





Photo Here

NATIONAL YOUTH LICENSE CANDIDATE APPLICATION

Name:	E- mail:						
Address:	City:		State	State:Zip:			
Home Phone: _	Bus	Business Phone:			U.S. Citizen:		
Date of Birth:	Place of Birth:		Male	Female			
Course Regist	tration: ational Youth License	National "C" Li	cense				
Course Location	: San Ramon, California	Course I	Date(s): May 28 - Jo	une 1, 2013			
Existing License	(s):	Date Received	Date Renewed	License Lev	rel & #		
	Issued by USSF, NSCAA, Other	Date Received	/Date Renewed	License Lev	rel & #		
	S Soccer Coaching Organizations S Youth Soccer Coaches Cont		#Exp. Date #Exp. Date				
T-Shirt Size (N	И, L, XL, XXL)						
Emergency Conta	ntact:Telephone Number:						
If you have a disa	bility or need special accommodations	s or assistance, please	check here and contact	the hosting Star	te Association.		
					tion.		
	MasterCa	rd Vis	a				
Card Number:		Ex	oiration Date:				
(Name as it appears o				Date			
		in full due no late th- California Youth Serpentine Lane, S Pleasanton, CA 945	Soccer Association uite 201	ril 29, 2013			
OR OFFICE USE ONL	Y:						
Deposit Amount:	Received:B	alance Due:	Final Payment: _	Rece	ived 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:		
Hom	ne Address: City:			
State	e:Bip:Bhom	e Phone:		
Fam	ily Physician			
Offic	ce Phone			
PLE	ASE ANSWER EVERY QUESTION ABOUT YOUR HEAL	TH:		
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 he	art Yes	No	
	disease?			
9.	Has had trouble with dehydration (excess loss of salt wa	ater).? 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 Tetan	us		
13.	Should not participate in strenuous exercise?	Yes	No	
14.	Do wear a hat or sun glasses when outdoor for health re	easons? Yes	No	

PLEASE EXPLAIN ANY YES ANSWERS TO ANY OF THE QUESTIONS:

(YOU MUST COMPLETE BOTH SHEETS IN ORDER TO ATTEND COACHING SCHOOL)

RELEASE OF LIABILITY

NAME (PRINT):	MALE:	_ FEMALE:	_
ADDRESS:			
CITY & STATE:			_
PHONE #:	CELL #:		
DATE OF BIRTH			
Being fully cognizant of the physic FEDERATION COACHING SCHOOL hold the U.S.S.F., their coaching stamedical problem that might occur. I awaive any claim that might be made by	, I represent that I am physical off and each of their administrates ssume the risk of injury or med	ly able to participate ators harmless for dical problem, and I	e and hereby any injury o
Signature:	Date:		
Being fully cognizant of the physical t physically able to participate and he coaching staff and each of their admir occur. I assume the risk of injury or mande by me or my heirs upon the afor	reby hold US YOUTH SOCCE nistrators harmless for any inju edical problem, and I release a	ER, its State Assoc ry or medical proble	ciations, their em that migh
Signature:	Date:		