

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 3-5 and January 10-12, 2014

Course Contact: Joyce Bordley, Cal North Programs Coordinator

jbordley@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)

<u>Prerequisites:</u> CYSA E or USSF E License (<u>USSF E is highly recommended</u>).

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 FIRS	T 16 QUALIFIE	<u>D CANDIDATES</u>	
Name:					
Address:					
City:		St	•	Zip:	
Phone:		Cell Phor	ne:		
Fax:		DOB: (for database):	:	
E-Mail:					
District #	League #		Gender	r: (please circle):	M F
Credit card: Master	card or Visa Ol	NLY			
Card Number:			Exp. Date:	/ Security Code	e :
Name on Card:		Billing Add	lress:	<u> </u>	
Please indicate amo	ınt you wish cha	Billing Add	ly paying depo	sit, do you wish bald	ance to be
charged to this card				•	
Signature:			Da	nte:	

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 20, 2013

Please contact Carlos Menjivar for additional details and questions: 707-319-9142.



MEDICAL HISTORY QUESTIONNAIRE

AST NAME	FIRST NAME		MIDDLE I
DDRESS	CITY	STATE	ZIP
DATE	OF BIRTH	GENDER_MF_	
MERGENCY CONTACT:			
IM PH	WK PH	CELL:	
BOTH SIDES OF THIS	FORM MUST BE COMPLETED. ALL	L INFORMATION WILL BE	CONFIDENTIAL.
Are you allergic to any me	edication (aspirin, penicillin, sulfa, etc	yes NO List:	
	ed medication on a permanent or sers, birth control pills, anti-inflammatorion		
Have you ever had an epi	leptic seizure?	YES NO	
Have you ever been told be	by a doctor that you have epilepsy?	YES NO List Medication:	
Have you ever been treat	ed for diabetes?	YES NO	
Have you ever been told be	by a doctor that you were anemic?	YES NO List Date:	
Do you or have you ever l	nad high blood pressure?	YES NO List Medication:	
Have you ever had heart	disease (heart murmur, rheumatic fe	ver)? YES NO List Date:	
Have you ever have lung	disease (pneumonia)?	YES NO List Date:	
Have you ever have kidne	y disease (infectious)?	YES NO List Date:	
Have you ever have liver	disease (mononucleosis, hepatitis)?	YES NO List Date:	
Do you or have you ever lasthma?	been told by a doctor that you have	YES NO List Medication:	
Do you or have you ever l	nad a hernia or "rupture"?	YES NO Has it been repaire Date:	ed:
Have you ever been "knoo years?	cked out" (unconscious) in the past 3		
Have you had a concussion years?	on or other head injury in the past 3	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:
, G	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	YES NO
for a week or longer? (dislocation, separation, etc.)	Type of injury:
	R/L:
Have you ever had shoulder ourgen?	YES NO
Have you ever had shoulder surgery?	
	Date:
	What was done & why?:
Have you ever injured your back?	YES NO
	Type of injury:
	, 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
l lave you injured your knee in the past two years:	TES NO
Have you been told by a doctor or athletic trainer that you injured the	YES NO
cartilage in your knee?	Date: R/L:
Have you been told by a doctor or athletic trainer that you injured the	YES NO
ligaments in your knee?	Date: R/L:
	, , , , , , , , , , , , , , , , , , ,
Have you ever had knee surgery?	VEC NO
I lave 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 carew or plate in your hady?	VEC. NO.
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:
	Dotailo.
Data of Visinal and Tatanasa abada	<u> </u>
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:
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Coaching Program Medical Release Treatment Form National "D" Candidates

hereby give my consent for e	emergency medical care prescri	ped by a	duly licensed D	Ooctor of Medicine or Dentistry for
	LAST NAME, FIRST NAME) as it appea	rs on Birth	certificate-NO NICI	KNAMES
ereby release the California and facilities used by the Cali	fornia Youth Soccer Association	and affilia against a	ated organizatio any claim by or	o or well-being of myself. I also ons and personnel, owners of field on behalf of registrant as a result ich transportation I hereby author
rint Name	Signature			Date
P	LEASE PRINT LEGIBLE, THIS	IS IMPO	RTANT INFOR	RMATION
	CANDIDATE IN	IFORMA	TION	
Name:	<u> </u>	M F	Date of BIRT	H:
Address:	City:		.1	Zip:
Home Phone:	С	ell Phone		
Medical Insurance carrier:				
Medical Card Number: (Do	not send a copy of card) Please carry ca	rd on self d	Juring course	
	EMERGENCY CONT	ACT INFO	DRMATION	
Please complete the folloattending the course.	wing with contact information	of a per	rson that can b	be reached while you are
Name:		Relations	ship to you:	
Work Number:		Home Nu	umber:	
Cell Number:		Alternate	e number:	
Alternate Contact:		Work Nu	imber:	
Home Number:		Cell Num	nber:	

USSF "D" License Course

A. Objectives for the "D" License

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.

	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. Expe	Participate in all activities (field, lecture and discussion groups). Demonstrate coaching ability and basic soccer knowledge.				
Prerec	quisites:				
	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).				
Cours	se Length: 36 Hours				
Sched	lule:				
	First Weekend (Friday afternoon, Saturday, Sunday) o 6 hrs. Classroom o 12 hrs. Field				
	Second Weekend (Friday afternoon, Saturday, Sunday) o 6 hrs. Classroom o 12 hrs. Field				
Testin	ıg:				
	Yes o National D: National D License* o State D: State D Certificate (must re-test to receive National D) o Not Ready: Must re-take the course				
Cours	se 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.