

# CALIFORNIA YOUTH SOCCER ASSOCIATION NON-RESIDENTI NATIONAL "D" COURSE

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

Location: 2206 Camino Ramon, San Ramon, CA 94583

Course Date: May 17-19 and May 24-26, 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 (<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 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: Mas	ster card or Visa ONLY
Card Number:	Exp. Date:/Security Code:
Name on Card:	Billing Address:
Please indicate a	Exp. Date:/Security Code: Billing Address: mount you wish charged: \$If only paying deposit, do you wish balance to be
charged to this ca	urd on 5/3/13 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: May 3, 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: I	M F
EMERGENC	Y CONTACT:		_
HM PH:	WK PH:	CELL:	
<u>BO7</u>	TH SIDES OF THIS FORM MUST BE COMPLETED. ALL INFOR	RMATION WILL BE O	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

nereby give my consent for emerg	gency medical care prescribed b	y a duly licen	ised Doctor of Medicine or Dentistry for:	
(LAST	NAME, FIRST NAME) as it appears on I	Birth certificate-N	IO NICK NAMES	
ereby release the California Youtl nd facilities used by the California	h Soccer Association, Inc. and a a Youth Soccer Association agai	ffiliated orgar nst any claim	re, limb or well-being of myself. I also nizations and personnel, owners of fields by or on behalf of registrant as a result m, which transportation I hereby authori	
rint Name	Signature		Date	
PLEAS	SE PRINT LEGIBLE, THIS IS IM	IPORTANT I	NFORMATION	
	CANDIDATE INFOR	RMATION		
Name:	M	F Date of	BIRTH:	
Address:	City:		Zip:	
Home Phone:	Cell Pr	none:		
Medical Insurance carrier:				
Medical Card Number: (Do not ser	nd a copy of card) Please carry card on	self during cours	ie	
	EMERGENCY CONTACT I	INFORMATIO	DN	
Please complete the following attending the course.	with contact information of a	person that	can be reached while you are	
Name:	Rela	tionship to yo	u:	
Work Number:	Hom	e Number:	_	
Cell Number:	Alter	nate number:	:	
Alternate Contact:	Work	k Number:		
Home Number:		Cell Number		

#### **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	Pectations of candidates 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	e 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
Tootin	o 12 hrs. Field
Testin	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	e 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.