

APPLICATION FORM

NSCAA Coaching Academy 2009 Residential Program

SPONSORED BY



DATES

June 1-7
June 8-14
June 8-14
June 15-21
July 6-12
July 13-19

HOST AND LOCATION

Wofford College - Spartanburg, S.C.
San Francisco State University - San Francisco, Calif.
Regis University - Denver, Colo.
Amherst College - Amherst, Mass.
Bloomsburg University - Bloomsburg, Pa.
Elmhurst College - Elmhurst, Ill.

COURSE (check one)

National Diploma Advanced National Diploma
 National Diploma Advanced National Diploma
 National Diploma Advanced National Diploma
 National Diploma Advanced National Diploma
 National Diploma Advanced National Diploma
 National Diploma Advanced National Diploma

FEES

	Residential	Commuter	
Member	<input type="checkbox"/> \$950	<input type="checkbox"/> \$750	(NSCAA Membership must be current at the time of registration to receive Member rate)
Non-member	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$850	(Non-member fee includes a one-year NSCAA membership)

CANDIDATE INFORMATION

Full name _____ Male Female Phone (_____) _____ (H)
Address _____ Phone (_____) _____ (O)
City _____ State _____ Zip _____ U.S. citizen? Yes No
Date of birth _____ Height _____ Weight _____ E-mail _____
NSCAA Membership #: _____ Check if you have special needs:
Roommate Request _____ Oral Interpreter Sign Language Interpreter Other (describe)

COACHING INFORMATION

Coaching experience (list current first) _____ LEVEL (i.e., college, high school) _____ YEARS (i.e., 1995-present) _____

Previous Coaching Certifications (Please include a copy)	ORGANIZATION	DATE OF CERTIFICATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Send completed application and support material to:
NSCAA COACHING ACADEMY
800 Ann Avenue, Kansas City, KS 66101
Fax: 913-362-3439
Questions? Phone: 800-458-0678
www.nscaa.com

EMERGENCY INFORMATION/WAIVERS

NSCAA Coaching Academy 2009 Residential Program

CANDIDATE INFORMATION

Full name _____ Male Female Course _____

EMERGENCY CONTACT INFORMATION

Emergency contact _____ Phone (_____) _____ (H)

Address _____ Phone (_____) _____ (O)

City _____ State _____ Zip _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy #: _____

Do we have permission to take you to the hospital if necessary? Yes No

Please list any allergies (food, medicine, etc.) below:

I agree and understand that the National Soccer Coaches Association of America (NSCAA) has explained that the Coaching Academy program is physically demanding and I represent that I am physically able to participate fully in the Coaching Academy program. I hereby agree to save and hold harmless the NSCAA, its staff, including coaches and each of its officers and directors (the persons and entities released hereinafter being referred to individually and collectively as NSCAA) against loss or damage for any injury, illness or other condition arising out of my participation in the Coaching Academy program, and I hereby release, waive and forever discharge NSCAA from any and all claims which may be made by or on behalf of me arising out of my participation in the Coaching Academy program.

Signature _____ Date _____

PAYMENT INFORMATION

To pay by credit card (debit cards not accepted):    

Name on card _____ V-Code _____ Expiration date _____

Card number _____ Amount \$ _____ Signature _____

Billing address _____ City _____ State _____ Zip _____

All course registration fees include course tuition and three meals daily during the course. Residential fees include room (double occupancy) in addition to tuition and meals. Non-member fees (both residential and commuter) include a one-year membership. Fees to audit a course are equal to the established residential and/or commuter fee. **A non-refundable, non-transferable deposit of \$75 is required with the application. Incomplete applications will not be considered. Candidates will receive confirmation of their acceptance into the course from the NSCAA National Office, and should not make travel arrangements until receipt of confirmation.**

NOTE: All cancellations must be submitted in writing to the NSCAA Education Department. Cancellations received more than 14 days prior to the course will entitle registrants to a full refund, less the \$75 deposit. A late cancellation fee of \$200 (in addition to the deposit) will be assessed for individuals who cancel within 14 days of the start of the course, with individuals canceling less than one week prior to the course forfeiting all registration fees. Candidates admitted to a course who fail to attend will forfeit all course tuition and registration fees. Membership dues will not be refunded in the case of a non-member application.

Requests for exceptions to this policy must be made in writing and should be addressed to the Standing Committee on Education of the NSCAA.