

APPLICATION FORM

NSCAA Coaching Academy Two-Weekend Advanced National Diploma

SPONSORED BY



July 13-15 and 20-22, 2012
Hicksville, N.Y.

- FEES:** \$750 for NSCAA Member (includes a \$100 facility fee)*
 \$875 for NSCAA Non-member (includes NSCAA membership and a \$100 facility fee)

** – NSCAA membership MUST BE CURRENT at time of application to receive member discount – NO EXCEPTIONS. Candidates with an expired membership will be assessed the non-member tuition. If you are unsure of your status, please contact the office prior to submitting your application. Candidates paying non-member tuition will receive an introductory membership with an effective date of the Monday following the completion of the course.*





NSCAA Non-Residential Diplomas are designed for candidates living in close proximity to the course venue and include no allowances for lodging or meals. Candidates requiring air travel to arrive to the course are advised that the NSCAA is not responsible for refunding any expenses incurred by candidates for this course in the event of a cancellation.

Registration for the course will be confirmed in writing (via US Postal Service) from the NSCAA National Office. Candidates should not make travel arrangements for this course until enrollment on the course is confirmed.

CANDIDATE INFORMATION

Full Name _____ Primary Phone (____) _____ - _____ Hm / Ofc / Cell
Address _____ Alternate Phone (____) _____ - _____ Hm / Ofc / Cell
City _____ State _____ ZIP _____ NSCAA Membership #: _____
E-mail _____
Date of Birth _____ Gender: Male Female US Citizen: Yes No
Special Needs Oral Interpreter Sign Language Interpreter Other (please list): _____

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 _____

Course registration fees include course tuition ONLY. Candidates are responsible for securing their own meals and lodging for the duration of the course. Fees to audit a course are equal to the established member/non-member fee. The non-member fee includes a membership which takes effect at the conclusion of the course unless otherwise indicated. **Full payment for this course is required at the time of application - DEPOSITS WILL NOT BE ACCEPTED. 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. Checks should be made payable to NSCAA.**

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 refund of their course tuition minus a \$75 processing fee. A late cancellation fee of \$200 (in addition to the processing fee) 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.

EMERGENCY/MEDICAL INFORMATION

CANDIDATE NAME _____

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

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Primary Phone (____) ____ - _____ Hm. / Ofc / Cell

Address _____ Alternate Phone (____) ____ - _____ Hm. / Ofc / Cell

City _____ State _____ ZIP _____ Relationship _____

MEDICAL INFORMATION

Medical Insurance Carrier _____ Policy #: _____

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

Do you have any known allergies or sensitivities? No Known Allergies/Sensitivities Food Medicine Other

(if so, please describe): _____

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 _____



Send completed application and support material to:

NSCAA COACHING ACADEMY
800 Ann Avenue, Kansas City, KS 66101
Fax: 913-362-3439
Questions? Phone: 913-362-1747

www.nscaa.com

Coaches Teach Players | We Teach Coaches