

APPLICATION FORM

NSCAA Coaching Academy 2012 Residential Program



COURSE LOCATION (Member Tuition/Non-Member Tuition)

June 4-10 – Regis University - Denver, Colo. (\$1,050 / \$1,150*)
 National Diploma Advanced Nat'l Diploma

June 25-July 1 – Curry College - Milton, Mass. (\$1,150 / \$1,250*)
 National Diploma Advanced Nat'l Diploma

June 11-17 – San Francisco St. Univ. - San Francisco, Calif. (\$1,150 / \$1,250*)
 National Diploma Advanced Nat'l Diploma

July 9-15 – Bloomsburg University - Bloomsburg, Pa. (\$1,050 / \$1,150*)
 National Diploma Advanced Nat'l Diploma

June 18-24 – Methodist University - Fayetteville, N.C. (\$1,100 / \$1,200*)
 National Diploma Advanced Nat'l Diploma

July 16-22 – Elmhurst College - Elmhurst, Ill. (\$1,050 / \$1,150*)
 National Diploma Advanced Nat'l Diploma

LODGING OPTIONS Commuter (\$200 discount) Roommate Request _____

Commuter option is recommended only for candidates who live within the local (less than 20 minutes drive) vicinity of the course. Roommates will be assigned based on age, course and gender. Roommate requests across courses are possible. Mixed-gender roommate requests will only be honored if BOTH applications indicate the request.

** – 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 a membership with an effective date of the Monday after the course concludes.*

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 _____ Height _____ Weight _____ 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 _____

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. The non-member fee (both residential and commuter) includes a membership which takes effect at the conclusion of the course. Fees to audit a course are equal to the established residential and/or commuter fee. **A non-refundable, non-transferable deposit of \$200 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 \$200 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.

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