



Mail Application to:

**Montana Youth Soccer c/o Ric Plante
5535 Love Lane
Bozeman, MT 59718**

MYSA COACHING COURSE APPLICATION

Last Name: _____ First Name: _____ Middle _____

SS#: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone _____

Date of Birth: _____ Place of Birth: _____ M F U.S. Citizen: Y N
(circle) (circle)

(circle)

COURSE REGISTRATION: Make Check payable to MYSA

Course Level: _____ Youth Module _____ 'E' Certificate _____ 'D' License
\$75.00 Check \$150.00 Check

YOU WILL NOT BE CONSIDERED REGISTERED FOR THE COURSE UNTIL A COMPLETED REGISTRATION FORM, MEDICAL RELEASE FORM, HEALTH REPORT AND A CHECK ARE RECEIVED.

Course Location: _____

Course Date: _____

Existing License: _____

Issued by USSF, NSCAA, Other _____ Date Received/ Date Renewed _____ License Level & No.
PLEASE ATTACH COPY

____ Member of U.S. Soccer Coaching Organization? Member #: _____ Exp. Date: _____

____ Audit or Refresher Course

Emergency Contact: _____
(name, phone)

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Payment Amount: _____ (No.) _____ Received On: _____ Balance Due: _____

Withdrew On: _____ Refund Due: _____ Refund Paid: _____ Date refunded: _____



MYSA COACH HEALTH REPORT

(To be completed and submitted with application)

THIS FORM DOES NOT NEED TO BE COMPLETED BY PHYSICIAN

Name _____ Date of Birth _____

Home Address _____ City _____

State _____ Zip _____ Home Phone _____

Family Physician _____

Office Phone _____

PLEASE ANSWER EVERY QUESTION ABOUT YOUR HEALTH:

- | | | |
|-----|--|-----------|
| 1. | Has had any injuries requiring medical attention. | Yes__No__ |
| 2. | Has had illness lasting more than one week. | Yes__No__ |
| 3. | Is under a physician's care now. | Yes__No__ |
| 4. | Takes medication now. | Yes__No__ |
| 5. | Wears glasses__ Wears contact lenses_____ | Yes__No__ |
| 6. | Has had a surgical operation. | Yes__No__ |
| 7. | Has been in hospital (except for tonsillectomy) | Yes__No__ |
| 8. | Has high blood pressure, abnormal heart rate or any heart disease. | Yes__No__ |
| 9. | Has had trouble with dehydration (excess loss of salt water). | Yes__No__ |
| 10. | Has had heat stroke. | Yes__No__ |
| 11. | Has any known drug, food or pollen allergy. | Yes__No__ |
| 12. | Has been immunized against flu__polio__ tetanus_____ | Yes__No__ |
| 13. | Should not participate in strenuous exercise. | Yes__No__ |

PLEASE EXPLAIN ANY YES ANSWERS TO ANY OF THE QUESTIONS:

(YOU MUST COMPLETE BOTH PAGES OF THIS FORM IN ORDER TO ATTEND COURSE)

RELEASE OF LIABILITY

NAME (PRINT) _____ MALE _____ FEMALE _____

ADDRESS _____

CITY & STATE _____

PHONE # () _____
 Area code

DATE OF BIRTH _____

Being fully cognizant of the physical training requirements of MONTANA YOUTH SOCCER ASSOCIATION COACHING COURSE, I represent that I am physically able to participate and hereby hold M.Y.S.A., their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature _____ Date _____

Being fully cognizant of the physical training requirements of coaching courses, I represent that I am physically able to participate and hereby hold Montana Youth Soccer Association, their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature _____ Date _____