

# NSCAA Coaching Academy

## National & Advanced National Diploma

June 6-12, 2011 • Denver, Colo.



### CANDIDATE INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Hm / Ofc / Cell

Alternate Phone \_\_\_\_\_ Hm / Ofc / Cell

NSCAA Membership #: \_\_\_\_\_

E-mail \_\_\_\_\_

Roommate Request \_\_\_\_\_

Date of Birth \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Gender:  Male  Female US Citizen:  Yes  No

Special Needs:  Oral Interpreter  Sign Language Interpreter

Other (please list): \_\_\_\_\_

**CANCELLATION POLICY:** 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.

### NSCAA Member Fees

- Resident: \$1,050
- Commuter: \$850

### Non-Member Fees

- Resident: \$1,150
- Commuter: \$950

### PLEASE NOTE:

- The fees listed above reflect an early registration discount of \$50. Deadline for the early registration discount is April 23 – fees increase \$50 for all applications received after that date.
- Residential tuition includes lodging and meals while at the course; commuter tuition includes only meals – candidates are responsible for providing their own accommodations.
- NSCAA membership MUST BE CURRENT at time of application to receive the member discount. 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 upon completion of the course.
- 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. Candidates who fail to satisfy the prerequisites will not be enrolled in the course. 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.
- Full payment is due no later than Friday, May 6, 2011.

### PAYMENT INFORMATION

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



Name on card \_\_\_\_\_

Card number \_\_\_\_\_

V-Code \_\_\_\_\_ Expiration date \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### CANDIDATE'S COACHING BACKGROUND

Coaching experience (list current first)

LEVEL (i.e., college, high school)

YEARS (i.e., 1995-present)

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Previous Coaching Certifications (Please include a copy)

Organization

Date of Certification

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## 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](http://www.NSCAA.com)

**Coaches Teach Players • We Teach Coaches**