

WAIVER APPLICATION

NAME _____
Last First MI

ADDRESS _____
Street Apt. #

CITY _____ STATE _____ ZIP _____

EMAIL _____ DAYTIME PHONE _____

EVENING PHONE _____ FAX _____

Previous Coaching Education:

Organization/Level _____ Date Completed _____

Organization/Level _____ Date Completed _____

Organization/Level _____ Date Completed _____

Playing Experience:

College Name _____ Division _____

Coach _____ # of Years _____

Contact Name/Phone # for verification _____

Professional Club _____ League _____

Coach _____ # of Years _____

Contact Name/Phone # for verification _____

Professional Club _____ League _____

Coach _____ # of Years _____

Contact Name/Phone # for verification _____

Coaching Experience:

Organization Name _____

Level/Age Group _____ Dates _____

Contact Name/Phone # for verification _____

Organization Name _____

Level/Age Group _____ Dates _____

Contact Name/Phone # for verification _____

Organization Name _____

Level/Age Group _____ Dates _____

Contact Name/Phone # for verification _____

Other relevant experience/qualifications (include documentation or contact information):

Applicant must include a soccer related resume, copies of certificates, licenses, diplomas, contracts, etc. and the \$20.00 processing fee.

*****WAIVERS WILL NOT BE REVIEWED UNTIL ALL SUPPORTING DOCUMENTATION AND PAYMENT HAS BEEN RECEIVED*****

Applicant Signature

Date

<p>CSYSA use only: Application received: _____ Payment received: _____ Check #/Cash: _____</p> <p>APPROVED _____ DENIED _____</p> <p>SIGNATURE _____</p> <p>TITLE _____ DATE _____</p> <p>Verification sent _____ by _____</p>
