

PA West Soccer Association License Application for: (Circle appropriate license)

Y License

E Certificate

D License

Goalkeeper Level 1

Name _____ Home Phone (_____) _____

Address _____ Cell Phone (_____) _____

_____ Club Affiliation _____

Date of Birth _____ E-Mail Address _____

Playing Experience _____

Coaching Experience _____

Other Coaching Licenses Held _____

WAIVER AND RELEASE

The Coaches' Licensing program administered by USSF and PA West introduces coaches to suggested coaching techniques for the youth player. Active participation by the coaches is not required and is **STRICTLY VOLUNTARY**. The practical sessions are meant to illustrate activities appropriate for the youth player and are not designed for the adult coach. Participation in any athletic activity requires conditioning and skill training which the individual coach may not have. If you as a coach do participate on a voluntary basis, you are assuming the risk of injury. In consideration of USSF and PA West offering and teaching these courses, you agree to **RELEASE** and **WAIVE** any claims against these entities which you may have by reason of your sustaining injuries, losses, or damages while actively participating in the course.

I have read the above and agree to the Waiver and Release and acknowledge that my participation is strictly voluntary.

(Signature of Applicant)

(Date)

(Enrollment is limited. PA West reserves the right to accept or reject any applicants)

FOR OFFICE USE ONLY

Date: _____ Check No: _____ Amount Paid: _____ Accepted: _____