

Oklahoma – ‘C’ Course Candidate Application

Note this is a three page application, background information, course registration, and release form. The completed application plus the appropriate fee must be returned to the OSA, Attn: C license , 1235 Sovereign Row. Suite C-11, Oklahoma City, OK 73108.

Attach
Recent
Photo
Here

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Business Phone:** () _____

Email Address: _____

Date of Birth: ____ / ____ / ____ **Place of Birth:** _____

US Citizen? Yes No (circle one) **M / F (circle one)**

Playing Experience School or Club name required	# Of Years	Coaching Experience* School or Club name required	# Of Years
Youth:		Youth:	
High School:		High School:	
College:		College:	
Amateur:		Amateur:	
Professional:		Professional:	

*For coaching experience, please note which level and age you are currently coaching.

Existing License/Certification: _____ **Date Received/Renewed:** _____

Issuer of current license: _____ (State Assn., NSCAA, Other)

Payment method: Check # _____ amount _____

Credit card # _____ Expires _____

Signature _____

Course Registration

Location: Oklahoma

Date: August 1-9, 2009

Course Level:

- National C Course - \$695
 - Note: No meals or housing will be provided with this fee. The arrangements with Oklahoma City University have not been finalized for lodging.

A \$200.00 NON-refundable deposit must accompany the application and be received by May 31. The balance of the tuition is due June 30th.

If you have a disability or need special accommodations or assistance, please call Matt Fansher at (405) 409-6288.

Application Checklist:

1. Completed page 1 of the application, including your picture
2. Completed page 2 of the application, including the appropriate tuition or \$200.00 deposit and any documentation needed
3. Complete and SIGN page 3 of the application, this is your medical release and must be completed prior to participating in the course
4. After completing all three pages of the application please

Return Application to:

Oklahoma Soccer Association
Attention: C Course
1235 Sovereign Row, Suite C-11
Oklahoma City, OK, 73108

For Office Use Only		
Date application received: _____	Application Accepted? Yes / No – Verification sent date: _____	
Medical Release/ Liability Waiver Received: Yes / No		
Application Complete: Yes / No		
Deposit Check Number: _____	Date Received: _____	Balance Due: _____
Final Payment Check Number: _____	Date Received: _____	
Withdraw Date: _____	Refund Amount: _____	Date Refund Sent: _____

Oklahoma – “C” Course Candidate Release Form

Course level, location, and date: National C Course, Oklahoma Soccer Association, August 1 – 9, 2009.

Candidate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Medications Currently Taking: _____

Know Drug Allergies or other Special Health Problems: _____

Physician: _____ Physician Phone: () _____

Medical/Hospital Insurance Company: _____

Medical/Hospital Insurance Phone: () _____

Policy Holder's Name: _____ Policy Number: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # 1: () _____ Phone #2: () _____

Release of Liability

I, the undersigned, fully understand that I, the applicant/participant, will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or otherwise indemnify Oklahoma Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and the lessors of premise used to undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach, and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim, or damage what-so-ever, including death or damage to property, which may be imposed upon said releases because of an defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily.

Applicant/Participant's Signature: _____ Date: _____

Note: Please attach a copy of your insurance card, front and back, to expedite medical treatment