



TOPSoccer Coaching Course Application

September 11, 2010 - Tavares, FL

Name _____ SSN (last four) _____ M F

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Date of Birth _____ Place of Birth _____

Email Address _____

Hosted by Lake County Soccer Club

Hickory Point Park
27343 State Road 19
Tavares, Florida 32778

9:00am - 2:00pm

Emergency Contact _____ Phone Number _____

I declare that I am fully covered by insurance in the event of any injury received during any of the above courses. My signature below releases the United State Soccer Federation and the Florida Youth Soccer Association, their officers and anyone appointed by them to conduct or assist in the conducting of this course from all claims resulting from any injury during the above course.

Signature _____ Date _____

Minimum age to attend this course is 12.

If the applicant is a minor; the above named individual has my permission to take the Florida State Coaching Course. Authorization is given for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician for the health and well-being of the above named individual.

Signature _____ Date _____

Relationship to Applicant _____