MOSSL REQUEST FOR WAIVER OF COACHING LICENSE REQUIREMENTS

Please type all requested information.

Send completed form to: MOSSLOFFICE@AOL.COM
(This must be submitted as a MS Word document only)

I have checked the Ohio South Youth Soccer Website for information on upcoming licensing Clinics __ Yes ___ No (www.osysa.com, then coaching, then Coaching License Course Schedule & e-registration)

I will be attending a class on: _____ for my _____license
I am unable to attend class at this time because: _____
***** I currently hold _____ License ***** (this is required to review the rest of your form)

Name: _____ ____ _____
First Name M.I. Last Name

Home Address: _____
Street
_____,Ohio _____ Zip Code: _____
City

Telephone: (H) **_____** (W) **_____**
Email: _____

Club: _____ Team Name: _____

Age _____ Gender _____

Check One: Head Coach ___ Asst. Coach ____

I request that the prior coaching requirements necessary to obtain the _____ Level License be waived for a period of 18 months. I understand that if I have not successfully completed the requested course within 6 months this waiver is null and void.

PRIOR COACHING EXPERIENCE: List all prior soccer coaching experience:

- State where and when you received any licenses, attaching copies of any documentation.
- Describe clinics, (NSCAA, US Soccer, etc.) or Seminars, (OSYSA Lecture series, NSCAA convention seminars, etc.), that you have attended.
- Describe the levels that you have coached at: Youth, High School, College, Amateur, etc.

_____
_____
_____
_____

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FOR VICE PRESIDENT OF COMPETITION ONLY:
Waiver Approved _____ Unable to Approve at this time _____

Please access the Ohio South Youth Soccer Website for information on upcoming licensing clinics And pursue the appropriate license(s) as quickly as possible. www.osysa.com

Approval Code: _____

Office Use Only

Last Name _____, First Name _____ M.I. ___

Date Received ___/___/___

Approved

Denied

Date ___/___/___