



Nevada Youth Soccer Association

COACHING COURSE WAIVER FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ (H) Phone: _____ Cell: _____

I wish to have the following Coaching Course Waived (Must be supported with appropriate documentation):

U/6 to U/8 Youth Module \$10.00 Fee

U/10 to U/12 Youth Module \$10.00 Fee

"E" Certificate \$15.00 Fee

Please describe and/or list your playing or coaching experience:

Submit written proof/documentation from any or all organizations where you played or coached.

Mail form and documents with check or money order to:

Nevada Youth Soccer Association
2626 S Rainbow Blvd. Suite 103
Las Vegas, NV 89146
Ph (702) 870-3024 or Fax (702) 870-9990

Approved Disapproved _____
Nevada Director of Coaching Education Date

Reason: _____

