

Coach Candidate Release Form

Course Level, Location, and date:

Candidate Name:

Candidate Address:

Candidate City/State/Zip Code:

Medications Currently Taking:

Known Drug Allergies or other
special health problems:

In Case of Emergency, Please Notify:

Contact Name:

Address:

City/State/Zip Code:

Home Phone Number

Cell Phone Number

Release of Liability

Being fully cognizant of the physical requirements of the United States Soccer Federation's Coaching Schools, I represent that I am physically able to fully participate and hereby hold the Federation, the Oklahoma Soccer Association, and their coaching staff and administrators harmless for any injury, illness or other medical problems, and I release and waive any claim that might be made by me or my heirs on the aforesaid.

Candidate Signature: _____ **Date:** _____

(Note: this release must be signed by a parent or legal guardian if the candidate is under the age of (18) eighteen years of age.)