



**NATIONAL YOUTH LICENSE**  
**Hosted by Ohio Youth Soccer Association North**  
**Tuesday, July 10<sup>th</sup> – Saturday, July 14<sup>th</sup> 2012**  
**Location TBA: Lakewood, OH**

**COURSE INFORMATION AND APPLICATION**

**What Is The National Youth License?**

The National Youth License is a US Soccer course designed to provide directors of coaching, youth coaches, physical education teachers and soccer administrators with the knowledge to successfully structure soccer programs for children aged 5-12.

The role of the facilitator (activity organizer) and the role of the coach (skills teacher) are explored; the technical, physical and emotional needs and capabilities of players from 5-12 are explored; the lessons from developmental psychology are explored; and the art of teaching is explored.

Candidates are videotaped for analysis during live training sessions.

"A" license coaches earn eight (8) CEUs by completing the National Youth License course and the NYL is a requirement for those coaches wishing to serve on the OYSAN coaching education staff.

**What Is Required To Earn A National Youth License?**

In order to earn the National Youth License, candidates must:

1. Attend all field and classroom sessions
2. Submit Care and Prevention / Risk Management tests (group work)
3. Make presentations on Team/Risk Management
4. Complete Practice Coaching sessions. Candidates are videotaped during these sessions and informally reviewed by the staff coaches and fellow candidates.
5. Complete a Candidate's Coaching Philosophy (take home).
6. Complete a Final Practical Coaching session (formal evaluated by the coaching staff)

**What Should I Expect From The Course In Terms Of Classroom Or Field Participation?**

Each day features classroom lecture/discussion sessions and field sessions. The course is not physically demanding and there are no physical or performance tests; however, candidates are actively involved each day and urged to prepare accordingly. Participation is a valuable way to learn through experience.

The "tentative" course schedule is noted below. Please expect some changes.

Tuesday, July 10 <sup>th</sup>	Course Orientation (6:00 pm – 9:00 pm)
Wednesday, July 11 <sup>th</sup>	The U-6 Player (8:00 am – 7:30 pm)
Thursday, July 12 <sup>th</sup>	The U-8 Player (8:00 am – 7:30 pm)

Friday, July 13<sup>th</sup>  
Saturday, July 14<sup>th</sup>

The U-10 Player (8:00 am – 7:30 pm)  
The U-12 Player and Practice Testing and  
Final Presentations ((8:00 am – 4:00 pm)

### **Are There Any Prerequisites Required For The National Youth License?**

Candidates must be at least 18 years of age and should hold an “E” license or U10/12 Module.

Candidates without the prerequisite coaching certification, particularly league administrators, can apply for a waiver through their respective state director of coaching.

### **How Much Does The National Youth License Cost?**

The course tuition is \$625. This fee does not include room and board for those traveling from outside of commute range.

### **What Is Included In The Course Fee?**

The course fee includes course administration, staff costs, course materials, a 1-year membership to the US Youth Soccer Coaches Connection, a US Soccer Coaching School T-shirt, and US Soccer licensing fees.

### **How Many People Can Register For The Course?**

The minimum number of candidates required to hold the course is 16 and the maximum enrollment is 36.

### **How Can I Register For The National Youth License?**

Interested candidates can register by completing and submitting the attached course registration form (included below), along with a \$200 deposit. The deposit is non-refundable, providing the course proceeds as scheduled.

A recent photograph must be attached to the application, along with a copy of the candidates E License / U10/12 Module or State DOC Waiver.

The course balance must be paid in full no later than two weeks prior to check-in (June 26<sup>th</sup>).

Checks should be made out to “OYSAN – 2012 NYL” and mailed to:  
Ohio Youth Soccer Association North (NYL)  
3554 Brecksville Rd.  
Richfield, OH 44286

Deposits and payments can also be made by credit card. The link to the OYSAN Charge Card form is [http://www.oysan.org/Assets/oysa\\_assets/doc/OYSANChargeCardForm.doc](http://www.oysan.org/Assets/oysa_assets/doc/OYSANChargeCardForm.doc)

Completed forms can be faxed (330) 659-0993, scanned and e-mailed (btelmanik@ohionorthsoccer.org) or mailed to the address noted above.

### **Where Will The Classroom And Field Sessions Be Held?**

The course will be held in Lakewood, OH. The official name and address of the facility will be confirmed in February.

### **Where Would I Stay In The Local Area?**

For motel and hotel information in the local area, link to <http://businessfinder.cleveland.com/OH-Lakewood/Hotels-and-Motels>. Lakewood is located within 6 miles of Cleveland Hopkins International Airport.

Candidates wishing to share room costs will be connected through the OYSAN office.

### **Is There Anything I Can Do To Prepare For The National Youth License?**

National Youth License candidates are responsible for reading the materials listed below prior to attending the course. Candidates should also print out and complete the Laws of the Game Exam (available on-line at US Youth Soccer) and bring it to the course.

The following materials can be found at

<http://www.usyouthsoccer.org/coaches/NatYouthLicenseCand.asp>.

### **Laws of the Game**

- [Official Rules](#) (.doc)
- [Laws of the Game Exam](#) (.doc)

### **Team Management**

- [Players Bill of Rights](#) (.doc)
- [Preseason Recommendations](#) (.doc)
- [Team Management Ideas](#) (.doc)
- [The Team Manager](#) (.doc)

### **Risk Management**

- [KidSafe Brochure](#) (.pdf)
- [Tournament Safety](#) (.pdf)

### **Ethics**

- [Role Models for Life](#) (.pdf)
- [Principles of Conduct](#) (.pdf)

### **Prevention and Care of Injuries**

- [Prevention and Care of Injuries](#) (.doc)
- [Suggested Items for a First Aid Kit](#) (.doc)

## **For Additional Study...**

### **US Soccer: Best Practices**

[http://www.oysan.org/Assets/oysa\\_assets/doc/coachingarticles/BestPractices.pdf](http://www.oysan.org/Assets/oysa_assets/doc/coachingarticles/BestPractices.pdf)

### **The Youth Academy Model**

<http://www.oysan.org/Assets/Academy+April.pdf>

### **The Age Effect in Soccer**

<http://www.oysan.org/Assets/Age+effect+April.pdf>

### **Practice vs Games and Player Development**

<http://www.oysan.org/Assets/games+vs+practices.pdf>

### **The Coach's Toolkit**

<http://www.oysan.org/Assets/Coaches+Tool+Kit.pdf>

### **Long-Term Player Development**

<http://www.oysan.org/Assets/LTAD.+Canada.pdf>

### **Kidman, Lynn**

Developing Decision Makers (2001)

Athlete-Centered Coaching (2005)

### **What Do I Need To Bring To The Course Check-In?**

Candidates should arrive between 5:30 pm and 5:45 pm and bring their Laws of the Game take-home exam and their USSF Coaching School Coach Health Report (attached below).

### **What If I Have Questions Regarding The National Youth License?**

NYL candidates with questions should contact OYSAN State Director of Coaching, Tom Turner. He can be reached by phone at (216) 496-4683; or by e-mail at [Coaching@ohionorthsoccer.org](mailto:Coaching@ohionorthsoccer.org).



# NATIONAL YOUTH LICENSE COACH HEALTH REPORT



*(To be completed and submitted upon or before check-in)*  
THIS FORM DOES NOT NEED TO BE COMPLETED BY A PHYSICIAN

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Office Phone \_\_\_\_\_

PLEASE ANSWER EVERY QUESTION ABOUT YOUR HEALTH:

- |     |                                                                    |            |
|-----|--------------------------------------------------------------------|------------|
| 1.  | Has had any injuries requiring medical attention.                  | Yes__ No__ |
| 2.  | Has had illness lasting more than one week.                        | Yes__ No__ |
| 3.  | Is under a physician's care now.                                   | Yes__ No__ |
| 4.  | Takes medication now.                                              | Yes__ No__ |
| 5.  | Wears glasses__ Wears contact lenses__                             | Yes__ No__ |
| 6.  | Has had a surgical operation.                                      | Yes__ No__ |
| 7.  | Has been in hospital (except for tonsillectomy)                    | Yes__ No__ |
| 8.  | Has high blood pressure, abnormal heart rate or any heart disease. | Yes__ No__ |
| 9.  | Has had trouble with dehydration (excess loss of salt water).      | Yes__ No__ |
| 10. | Has had heat stroke.                                               | Yes__ No__ |
| 11. | Has any known drug, food or pollen allergy.                        | Yes__ No__ |
| 12. | Has been immunized against flu__ polio__ tetanus__                 | Yes__ No__ |
| 13. | Should not participate in strenuous exercise.                      | Yes__ No__ |

PLEASE EXPLAIN ANY YES ANSWERS TO ANY OF THE QUESTIONS:

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**(YOU MUST COMPLETE BOTH SIDES OF FORM IN ORDER TO ATTEND SCHOOL)**

**RELEASE OF LIABILITY**

NAME (PRINT) \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_  
          Area code

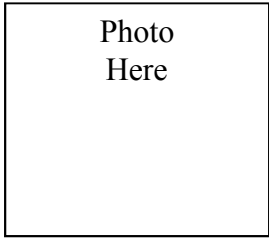
DATE OF BIRTH \_\_\_\_\_

Being fully cognizant of the physical training requirements of the UNITED STATES SOCCER FEDERATION COACHING SCHOOL, I represent that I am physically able to participate and hereby hold the U.S.S.F., their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Being fully cognizant of the physical training requirements of coaching courses, I represent that I am physically able to participate and hereby hold US YOUTH SOCCER, its State Associations, their coaching staff and each of their administrators harmless for any injury or medical problem that might occur. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

Signature \_\_\_\_\_ Date \_\_\_\_\_



NATIONAL YOUTH LICENSE CANDIDATE APPLICATION

Name: \_\_\_\_\_ E- mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Male Female U.S. Citizen: Yes No
(circle one) (circle one)

Course Registration:

Course: National Youth License \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Existing License(s): \_\_\_\_\_
Issued by USSF, NSCAA, Other Date Received/Date Renewed License Level & #

Member of US Soccer Coaching Organization Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_
Member of US Youth Soccer Coaches Connection Member # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

T-Shirt Size (M, L, XL, XXL)

Emergency Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Requested Roommate: \_\_\_\_\_

If you have a disability or need special accommodations or assistance, please check here and contact the hosting State Association.

PAYMENT: Enclose cashiers check, money order, or complete the following credit card information.
\*\*\*Full payment will be charged to your credit card upon completion of credit card information on the application.

MasterCard Visa American Express (Circle card type)

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_
(Name as it appears on credit card)

FOR OFFICE USE ONLY:

Deposit Amount: \_\_\_\_\_ Received \_\_\_\_\_ Balance Due \_\_\_\_\_ Final Payment \_\_\_\_\_ Received on \_\_\_\_\_
Verification Letter \_\_\_\_\_ Withdrew on \_\_\_\_\_ Refund Due \_\_\_\_\_ Refund Paid \_\_\_\_\_ Date Refunded \_\_\_\_\_