

U.S.S.F. D Certification
February 13 & 14 and February 20 & 21 2010
8am to 5pm
Soccer Association of Columbia
4560 Centennial Lane, Ellicott City MD, 21042

APPLICATION FORM

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: (H) _____ (W) _____ (C) _____

E Mail _____

Club Affiliation _____

Please read this waiver carefully, date and sign:

"I hereby authorize the staff of MSYSA/Soccer Association of Columbia to act according to their best efforts and judgment in any emergency requiring medical attention. I hereby waive and release MSYSA/Soccer Association of Columbia from any and all liability for any injuries or illness incurred while attending the course. I have no knowledge of any physical impairment that will affect my participation."

Date _____ Signature _____

Mail the completed application form with \$180 check (\$200 for non-affiliates) to **MSYSA, PO Box 667, Millersville, MD 21108**

Course Instructor: TBA

Site Coordinator: John Dingle: john@mdsoccer.com

Questions? Contact Dana Waters at websiteadministrator@msysa.org