

KANATA SOCCER CLUB 2008 OSA Coaching Certification Course



I wish to enrol in the following OSA Coaching Certification courses:

| | Course Name | Date/Time | Course Fee | Payable |
|----------------------|---|-------------------------------------|------------|-------------------------|
| | Children's Clinic | April 12, 8:00 am – 6:00 pm | 115.00 | \$ <input type="text"/> |
| | Children's Clinic | April 13, 8:00 am - 6:00 pm | 115.00 | \$ <input type="text"/> |
| | Children's Clinic | April 20, 8:00 am - 6:00 pm | 115.00 | \$ <input type="text"/> |
| | Youth Clinic Prerequisite: Children's Clinic (Must provide proof of completion of the prerequisite course) | April 19, 8:00 am - 6:00 pm | 115.00 | \$ <input type="text"/> |
| | Senior Clinic Prerequisite: Youth Clinic (Must provide proof of completion of the prerequisite course) | April 26 & 27, 8:00 am - 6:00 pm | 185.00 | \$ <input type="text"/> |
| Total Payable | | | | \$ <input type="text"/> |

Minimum age requirement to attend these clinics is 16 years of age.

Coach's Information

Name: Date of Birth:

Mailing Address:

Email address:

Phone: Day: Evenings: Other:

Club Affiliation:

Check this box if you would like to volunteer as a coach or assistant coach with Kanata Soccer during the Summer 2008 season.

NOTICE OF WARNING: There is a potential risk of injury when participating in any sport. These courses involve on-field soccer activities. Kanata Soccer has tried to create a safe environment, and has established rules for participation. Proper conduct on and off the field must be followed.

AGREEMENT: I, the undersigned, have read the NOTICE OF WARNING. I agree to abide by the Published Rules of the Ontario Soccer Association, my league and Kanata Soccer.

Signature: _____ Date:

Please submit this completed form, along with payment, to the address listed below. Cheques are to be made payable to **Kanata Soccer Club**. Payment must be received at least 10 days prior to the start of the first course you have enrolled in. A service charge of \$30 will be levied for cheques returned NSF. The form may be faxed to 613-836-7650 or emailed to ksmgr@kanatasoccer.com, but your placement will not be reserved until payment is received.

Kanata Soccer Club

2008 Coach Clinic

1927 Richardson Side Road,
P.O. Box 13582
Kanata, Ontario K2K 1X6

| For KS office use only | | | | | Date Received | PAID | PAYABLE |
|------------------------|-------------|------|-------------|-------|-----------------------|------|---------|
| Cash | Money order | Visa | Master Card | Chq # | Bank/Auth #/Receipt # | \$ | \$ |

play hard – play fair

Rev January 22, 2008

1927 Richardson Side Road, PO Box 13582, Kanata, Ontario, K2K 1X6
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