



Waiver Application

A \$20.00 administrative non-refundable fee must accompany this application in order for review.

Name: _____
FIRST MI LAST

Address: _____
STREET ADDRESS APT#

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Daytime Number: _____ Fax: Number: _____

Driver's License #: _____ State Issued: _____ DOB: _____

Existing License, Diploma, and Certification held:

Include a copy of all licenses, diplomas, and certifications held. If applying as a professional player, provide copy of contract or letterhead stating the club played for and proof of coaching experience.

_____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

Waivers must be reviewed by the **State Director of Coaching** before approval can be given.

Payment Options:		
<input type="checkbox"/> CHECK*# _____	<input type="checkbox"/> MONEY ORDER*	<input type="checkbox"/> CASH*
Credit Card':	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on CC: _____	_____	
CC#: _____	Exp. Date (MM/YY): _____	_____
Signature: _____	Date: _____	_____

CYSA-South Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason: _____
Signature: _____	_____	Date: _____
<small>Cal South State Director of Coaching</small>		
Approved for:	_____	
<input type="checkbox"/> "E" Licn Test	<input type="checkbox"/> D Licn Course	<input type="checkbox"/> D Upgrade Course