

CYSA-SOUTH RECREATION COACHES CLINIC APPLICATION FORM

*Please read and fill-in the following application in its entirety to ensure proper registration for your recreation league's clinic. **There is no license for this clinic – educational purposes only.** This form must be submitted at least 30 days prior to your clinic date. Upon completion, submit this form to:*

CYSA-South State Office
1029 S. Placentia Ave
Fullerton, CA 92831
Attn: John Weinerth

Requirements to host a Clinic:

- Minimum of 20 participants
- Field, Lights (if applicable), Bathrooms, First Aid Kit, Balls, Goals, Cones, Bibs, Ice, Water.
- Informing participating coaches to dress in attire appropriate for playing soccer, and to bring materials for taking notes.

League # _____ League Name: _____
 Clinic Contact: _____ Title: _____
 Home Phone: _____ Work Phone: _____
 Email Address: _____

Clinic Date (i.e. Saturday 6/2/01): _____ Time (i.e. 1 – 3 p.m.): _____
 Field Location (Address, City, Zip) _____

- *The availability of CYSA-South staff and previously scheduled licensing clinics may require flexibility of clinic dates or times.*

of Coaches Attending Clinic: _____

Topics you would like covered in your clinic (Check boxes that apply):

- Laws of the Game**
- Teaching Proper Techniques**
- Organizing & Running Effective Practice Sessions**
- Small-Sided Soccer**
- Fun Games Kids Love to Play**
- Team Management (Coaching Philosophy, Roles of the Coach, Methods of Coaching, Sideline Coaching)**
- Beginners Guide to Team Tactics (U12 and above)**
- Retrieval Games (U8 and below)**

Please provide a two-line description of what coaches this clinic will be targeting and what you would like your coaches to get out of it: _____

<i>For Office Use Only:</i>	
Director of Recreation: _____	Date: _____
Director Of Coaching Education: _____	Date: _____