



### **COACHING COURSE WAIVER POLICY**

**PLEASE READ CAREFULLY**

#### **Waiver Policy (revised 6-9-05)**

A waiver is not the same as a certificate or license. A waiver allows a coach the opportunity to take the next level course.

Waivers are granted at the sole discretion of the Kansas Youth Soccer Director of Coaching. All candidates seeking a waiver must complete the Coaching Course Waiver Application and submit it to the Kansas Youth Soccer Director of Coaching at least 30 days prior to the start of a scheduled "D" license course.

In order to be waived into the "D" license course, a coach must have one of the following:

- 1. License level with an outside organization (NSCAA Advanced Regional Diploma or other) and held for a minimum of six months.**
- 2. Coaching experience (a minimum of five years with players 12-18 years old).**
- 3. Playing experience (four years of collegiate playing experience).**

In addition, candidates must submit written proof to support the application for the course. Copies of previous coaching licenses/diplomas must be included with registration. Candidates wishing to receive a waiver due to playing and/or coaching experience must submit a letter of recommendation from the college, university or local club/association to support the application.

**Special Note:** Any candidate who receives an "E" course waiver and then fails the "D" license must attend the "E" course and wait six months before retaking the "D" license.

There are no waivers for the Youth Module Courses.



**KANSAS**  
**Youth Soccer**  
[www.kansasyouthsoccer.org](http://www.kansasyouthsoccer.org)

**COACHING COURSE WAIVER APPLICATION**

I request to receive a waiver for the "E" Certificate Course so I may participate in the "D" License Course.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

**Previous coaching licenses received:** (Please include a copy of the license/diploma)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe and/or list your playing or coaching experience:** (Please submit written recommendations from all institutions where you played or coached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please mail this application form and all necessary documentation to:***

State Director of Coaching  
Kansas Youth Soccer Association  
708 S. Rogers Rd., Suite. C  
Olathe, KS 66062-1782