



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



THIS FORM MUST BE PRINTED OR TYPED AND RETURNED WITH PAYMENT TO THE MSYSA STATE OFFICE AT 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170.

COACHING CLINIC HOST APPLICATION PROCEDURE

CASH WILL NOT BE ACCEPTED. CHECKS MUST BE MADE PAYABLE TO MSYSA.

The emphasis of this application is to give you, the league, the opportunity to pick the correct clinic for your coaches. Along with choosing the right clinics this manual will give the proper procedures to hold one.

These rules go into effect September 2009.

HOST APPLICATION PROCEDURE

1. A league official interested in hosting a coaching clinic should inform the MSYSA Director of Coaching (DOC).
2. Be prepared to provide TWO DIFFERENT DATES for when the clinic can be held.
3. Give the NAME, EMAIL ADDRESS and PHONE NUMBER of ADMINISTRATOR who will be in charge of the clinic.
4. Once permission is granted, call MSYSA State Office at (734) 459-6220, and request a "COACHING CLINIC REQUEST AND APPROVAL" form.
5. Have application for "D" and "E" clinics posted on the MSYSA website at least 30 DAYS PRIOR to start of clinic.
6. Have application for "YOUTH Module" and Goalkeeping clinics posted at least 30 DAYS PRIOR to start of clinic.
7. Each individual candidate should be encouraged to register directly for all courses using the on-line registration form found on the MSYSA website www.michiganyouthsoccer.org under coaching.
8. If the sponsoring League or Club would like to absorb the cost for their coaches they must mail a check or money order to the MSYSA office at least 7 business days prior to the course beginning. In addition, they must provide the names, emails, mailing address, and phone numbers for all coaches attending the course. Failure to do so will result in the cancellation of the course.



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Course Length & Coaching Level

<u>Course Level/Hours</u>	<u>Player Levels</u>	<u>Testing</u>
D - 36 Hours * Coach must already have an "E" license.	U10 – U13 and above	3 Written, 1 Field
E - 18 Hours	U9 – U12	1 Written
U6/U8 Youth Modules - 4 hours	U6 & U8	Summary, Q&A
U8/U10 Youth Modules - 4 hours	U8 & U10	Summary, Q&A

Facility, Class Size & Cost

D -

- Lecture area at beginning of clinic and at end for written test
- High School Gym or Soccer Field
- Course must consist of 25 CANDIDATES
- \$150.00 per candidate for manual as of 9/1/02

E -

- Middle School Gym or Soccer Field
- Course must consist of 25 CANDIDATES
- \$100.00 per candidate as of 9/1/02

YOUTH Modules -

- Youth Modules and Goalkeeping Clinic-Middle School Gym or Soccer Field
- League must GUARANTEE 10 CANDIDATES
- \$25.00 per candidate for manual as of 9/1/02



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LEAGUE COACHING CLINIC REQUEST

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Host League/Association: _____

Requested Date(s): _____

Requested Times: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Clinic Type: _____

Facility Name: _____

Facility Address: _____ City _____ State _____ Zip _____

Facility Cost/hr: _____

Anticipated # of Participants: MSYSA Member _____ Non-Member _____

League President Name: _____

Signature & Date: _____

State Director of Coaching signature required for coaching clinic approval.

Approved Date(s): _____

Approved Times: _____

State D.O.C. Name: _____

Signature & Date: _____

<p>For Office Use Only: Date Received: _____ Check Number: _____ Amount: _____</p>
