

## **FYSA Application – Academy Accreditation Program**

*Please fill out all fields on this form. DO NOT LEAVE ANY BLANKS!*

Association: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Both

Estimated Number of Academy Players: \_\_\_\_\_ Total \_\_\_\_\_ Male \_\_\_\_\_ Female

Attach the Philosophy of your Academy Program

Attach a description of your Academy Program.

### ***ACADEMY DIRECTOR/COORDINATOR***

The official liaison for the association's academy program. This person will receive all correspondence and will be the point of contact for the association's academy program the State Academy Committee.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

**(Please write clearly - main contact method)**

**Qualifications** (this information must be completed) (1 year grace period from date of application)

USSF National Youth License \_\_\_\_\_ Yes (A copy must accompany application)  
\_\_\_\_\_ No

USSF National Coaching License or equivalent \_\_\_\_\_ Yes (A copy must accompany application)  
\_\_\_\_\_ No

Attach soccer resume to include Coaching Experience, Coaching Licenses, and other Soccer Experience for Academy Director.

Please check the box below:

\_\_\_\_\_ Our association accepts and understands the rules of the Academy Accreditation Program including, but, not limited to:

- Our association accepts and understands that no scores or standings are/will be published for Academy Games
- Our association accepts and understands all players in the academy age group are eligible to participate in the academy. No selection process may be used for accredited academy programs.
- Associations must administer an Academy Parent Education program in accordance with the Academy philosophy
- Our association accepts and understands that they are required to attend the three Academy Educational meetings per year (Fall/Spring/AGM)
- Our association accepts and understands that they must work towards having all academy staff coaches hold an appropriate USSF Youth Module (1 year grace period from date of application) **List academy staff and licensing or plan to accomplish licensing.**

**BOTH SIGNATURES BELOW ARE REQUIRED FOR ACCEPTANCE**

**I confirm that I have read the most current FYSA Academy Accreditation guidelines, and will discuss its contents with the players and parents involved.**

Academy Director/Coordinator \_\_\_\_\_

Date \_\_\_\_\_

Association President \_\_\_\_\_

Date \_\_\_\_\_

Application: The applications will be reviewed by the FYSA Academy Committee. After the initial academy application is made a club retains FYSA sanctioned academy status for one year. Application for the next seasonal year would need to be made.

**PLEASE RETURN THE ACADEMY INTENT TO PLAY FORM TO:**

**FYSA • Academy Accreditation Application • 7201 Lake Ellenor Drive Suite 200 • Orlando, FL 32809**

**POSTMARK DEADLINE FOR ACCEPTANCE: September 1, 2009**