

DALLAS YOUTH SOCCER

Email to info@dallasyouthsports.org

Season: _____

Year(Ano): _____

SPORT(Deporte)	Team Name (Nombre de Equipo)	City (Ciudad)	# of Players by Gender		Age Group(Edad de Grupo)
Soccer			M	F	

Coach Info	Name (Nombre)	Cell # (# de celular)	Email Address (Correo Electronico)
Head Coach			
Assistant			
Assistant			
Manager			

#	Player's Name (Nombre de Jugador)	Sex	DOB	EMAIL (Correo Electronico)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

Para la traduccion en espanol: Toda esta informacion se puede encontrar en nuestra pagina web.

I hereby agree that the above named team will comply with the rules and regulations governing league/tournament play set forth by Oak Cliff Sports Group and its affiliates (DSA, DYB, DYS, DYAA), and will abide by decisions of league officials in all matters relative to the dispute shall be adjudicated as set forth by district rules. I, the Head Coach, understand that I am responsible for my Players' and Spectators' actions on and around the playing area during league/tournament practice and play. I understand I am being held accountable for the actions of my team coaches, players, and spectators punishable by automatic removal from the game and up to suspension as deemed necessary by league/tournament officials. I also certify that the ages of the player's listed above are correct and have been sustained by birth documents examined by me. I acknowledge and understand that: (1) the submission of this roster does not guarantee a team/player's participation in this Program; (2) NO guarantee is made to a player, coach, assistant, team and/or age group selection as such placement is subject to the Program's rules, guidelines, availability and/or discretion; (3) NO person is guaranteed a COACH assignment; (4) NO person has the ability to guarantee any player's placement on any team. I certify that my players and parents will abide by the rules of OCSG, its affiliated organizations and that payment of fees does not guarantee participation in the Program. I understand that OCSG and its affiliates have the discretion of terminating a player or coach's participation for any reason at any time prior to and/or during the event/program and that all refunds are subject to the discretion of OCSG. Recognizing the possibility of physical injury associated with all sports and in consideration for accepting my team child into its program, I certify that I have a valid policy of insurance should an injury occur. I grant OCSG the right to use my team/players' name, pictures, and/or likeness in print, Internet, or other manner of broadcast, or distribution in connection to the Program. **Return Check Fee:** Visit web site for policy. www.dallasyouthsoccer.org

HEAD COACH (Nombre de entrenador)	DATE (Fecha)