



COACHES AGREEMENT FORM

As a head or an assistant coach, I hereby acknowledge and understand the rules of the outdoor soccer tournament at the Bethpage State Park Polo Fields. I acknowledge the responsibilities for all actions of my team, parents, and team fans once they have entered the premises of Bethpage State Park and to the best of my ability, will ensure that my players, parents and team fans understand and behave accordingly following the Tournament Rules.

I understand that there are no refunds once the tournament has commenced and except full responsibility for paying a \$100.00 penalty fee if my team forfeits a game. I agree to pay the penalty fee prior to the start of the next scheduled tournament game. Further, I acknowledge that my team will be penalized three (3) points from the tournament standings on top of the forfeited game.

I acknowledge that my team will be automatically dismissed from the tournament if parents, team fans, or I violate or fail to comply with all tournament rules at Bethpage State Park.

Note: No parent coach or trainer may sit on the team bench unless his or her name is identified below.

Head Coach (print) _____

Signature _____ Date _____

Assistant Coach (print) _____

Signature _____ Date _____

Assistant Coach (print) _____

Signature _____ Date _____