



COACHES AGREEMENT FORM

As a head or an assistant coach, I hereby acknowledge and understand the rules of the indoor soccer tournament at the Rough Riders Training Center at Mitchel Athletic Complex. I acknowledge the responsibilities for all actions of my team, parents, and team fans once they have entered the premises of the Training Center and to the best of my ability, will ensure that my players, parents and team fans understand and behave accordingly following the Tournament Indoor 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 the Training Center.

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 _____