

OUTDOOR 2020

This form is to be filled out and submitted by all U13, U15, U17 & U19 Community Teams.



This form must be signed and sent to the EMSA office by no later than April 24th, 2020. You can fax to 780.490.1652, drop off to 6520 Roper Road during business hours or email to nicholed@emsamain.com

U13- U19 COMMUNITY LEAGUE EMSA RULES & REGULATIONS: TEAM PARTICIPANT ACKNOWLEDGEMENT

BACKGROUND:

- A. EMSA is a non-profit organization providing soccer programs to persons 18 years of age and under;
- B. In accordance with its bylaws, the EMSA membership has established rules and regulations (including a code of conduct) to promote, develop and govern the game of soccer, and these rules and regulations can be reviewed at the following website: www.emsamain.com/play/rules-discipline/ (the "EMSA Rules & Regulations"); and
- C. EMSA requires a commitment from its coaches, team managers and other volunteers to read and comply with the EMSA Rules & Regulations;

THEREFORE in recognition of the above I acknowledge and agree that:

- 1. Before the start of the season I will have read the EMSA Rules & Regulations & Coach Handbook;
- 2. I will comply with the EMSA Rules & Regulations; and
- 3. I will be subject to disciplinary or other action if I fail to comply with the EMSA Rules & Regulations and any such failure may result in negative consequences to me and my team.

COMMUNITY TEAMS: You will be required to fill out a Commitment Form for Post Season declaring if your team would like to advance to Post Season play or not. There is an administration fee and discipline involved should you indicate yes on your form and then do not attend.

Date: _____

*****One form per team is required. The team official who signs this form is doing so on behalf of all team officials and advising EMSA that all team officials have read and agreed to the above statements.**

Coach, Assistant Coach or Manager's Signature

Your Name (print): _____

Role with Team: _____

Community or Club Name: _____

Age Group & Gender: _____

Head Coach Last Name: _____