



## COACHES AGREEMENT FORM

I hereby acknowledge as head and/or assistant coach that I understand the rules of the Independence Cup outdoor soccer tournament. I accept responsibility for all actions taken by my team, parents, and team fans once they have entered the premises of Bethpage State Park Polo Grounds and/or the Long Island Junior Soccer League Soccer Park. I will ensure to the best of my ability that my players, parents and team fans understand and behave according to the Tournament Rules.

I understand that there are no refunds once the tournament has commenced and accept 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 Polo Grounds and the Long Island Junior Soccer League Soccer Park.

Note: No parent coach or trainer may sit on the team bench unless his or her name is identified below. No more than 2 coaches/parents are permitted on a team sideline.

Head Coach (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Assistant Coach (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_