



2011



Session I Indoor Soccer Team Information Form

THIS FORM MUST BE COMPLETED AT TIME OF REGISTRATION
THIS LEAGUE IS FOR *Competitive TEAMS ONLY

PLEASE CIRCLE ONE OF THE FOLLOWING

Boys/Men Division

Girls/Women Division

U8 U9 U10 U12 U14 U16 (U15 Girls)

Club & Team Name: _____

Head Coach: _____ Date: _____

Actual Age Group _____ *NISL/IWSL Level: _____

Home Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Assistant Coach: _____

Home Phone: _____ Cell Phone: _____

Amount Paid: \$ _____ O.T. Initials: _____

*Competitive Teams must show proof of NISL, IWSL or other established competitive league ranking.

Attention: if your division does not have the minimum # required, your team will be placed in the higher division or possibly cancelled.

Coaches' Code of Ethics

I hereby Pledge to live up to my certification as a NYSCA Coach by following the NYSCA Coaches' Code of Ethics.

- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Print Name: _____ Team: _____

Coaches Signature _____ Date _____

Attention: if your division does not have the minimum # required, your team will be placed in the higher division or possibly cancelled.

TEAM PAYMENT

1. All teams must pay a deposit **\$100** to secure a place in the league. A registration form must accompany all entry fees
2. All teams **MUST PAY IN FULL ON OR BEFORE THE FIRST GAME DAY.**
3. **Teams not paying on time will be penalized by accumulating a penalty fee of \$50.00 per game to remaining team balance.**
4. There will be a \$25 service charge for all returned checks.
5. Team fees are **NOT TRANSFERABLE AND NON-REFUNDABLE** (Unless Your Division is cancelled).
6. Coaches must attend Coaches meeting held before start of season

NUMBER OF PLAYERS

MAXIMUM number of players on the field at any one time:

U8, U9, U10 = Six (6) - One (1) must be a GOALKEEPER = 7v7

U11, U12, U13, U14 = Six (6) - One (1) must be a GOALKEEPER = 7v7

U16 = Five (5) - One (1) must be a GOALKEEPER = 6v6

MINIMUM NUMBER OF PLAYERS REQUIRED TO START A GAME:

U8, U9, U10 = Five (5)

U11, U12, U13, U14 = Five (5)

U16 = Four (4)

Attention: if your division does not have the minimum # required, your team will be placed in the higher division or possibly cancelled.