

**NORTH COUNTY COMMUNITY
SOCCER LEAGUE
AT ESCONDIDO SPORTS CENTER**

3315 Bear Valley Parkway
Escondido, CA 92025

NCCSL (760) 504-8677
NCCSL (760) 644-8598

Email: nccsleague@gmail.com

COACH AND MANAGER WAIVER FORM

Team Name : _____ Email: _____

Print Name : _____ Phone(HM): _____

Mailing Address: _____ City: _____

Zip _____ Phone (CELL): _____ Date of Birth: _____

I understand and agree to abide by the rules and regulations governing North County Community Soccer League. I also understand that N.C.C.S.L does not carry insurance to cover participants or spectators of the league. I hereby assume the risk of any injuries that I may sustain in the pursuit of all activities. I hereby waive, release and discharge any and all claims or right to claim damages for property damage or personal injury that may arise from my participation in North County Community Soccer League adult arena soccer program, or from the use of equipment owned or in the possession of N.C.C.S.L. This release is intended to discharge in advance, N.C.C.S.L, its subdivisions, officers, agents and employees from and against any and all liability that may arise out of negligence or carelessness on the part of N.C.C.S.L, its subdivisions, officers, agents or employees.

1. I know there is the risk of injury or death if I participate in any of these sports;
2. I voluntarily participate in the NCCSL, and I sign my name below so that I may participate - I can choose not to sign this agreement by choosing not to participate;
3. I agree that if anything happens to me while participating, including injury or death, I release N.C.C.S.L. and any of its employees from liability; and
4. If I am injured while participating, I agree that anyone who provides medical assistance shall not be liable if they cause my death, increase my injury or cause additional injury;
5. I have read and understand rules and regulations that govern the program/sport for which I am registering. Furthermore, I understand that it is my responsibility as coach/ manager to inform all of the members of my team of the rules and regulations.

AS A MANAGER OR COACH IN THE NCCSL, I WILL:

1. Refrain from the use of profane, vulgar and foul language at any time in the course of league business or activities.
2. Refrain from any abusive verbal attacks, disparaging remarks or dialogue with NCCSL staff, referees, teammates, coaches, opponents and spectators.
3. Not participate in, or instigate my players to partake in, acts of or threats of physical violence towards referees, teammates, opposing players, parents, NCCSL staff, under any circumstances.
4. Abide by and accept all decisions of the referee, NCCSL staff, whether or not I feel there is any real or imaginary wrong decision or judgment made.
5. Not instruct my players to engage in unnecessary "rough tactics" against opposing players.
6. Abide by the drug-free, alcohol free and tobacco-free environment at the Escondido Sports Center.
7. Instruct my players and team spectators to abide by the posted Escondido Sports Center Spectator Code of Conduct

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE ABOVE WILL RESULT IN:

1. Written or Verbal Warning, Or
2. Removal from the current game or next game schedule, Or
3. Suspension for the remainder of the Season, Or
4. Suspension for one year, Or
5. Suspension indefinitely, pending review.

I AM ABLE TO READ, AND I HAVE READ THE ABOVE AND UNDERSTAND IT.

Signature of Coach/ Manager

Date

CIRCLE ONE							
DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DIVISION	Men's 1(A)	Men's 2 nd (B)	Men's 3 rd (C)	Men'S 4th (D)	Men's	Coed 2 nd (B)	Men's
						Coed 4 th (D)	Women's 2 nd (B)



NORTH COUNTY COMMUNITY SOCCER LEAGUE

(held at the) **ESCONDIDO SPORT'S CENTER**

This form must be completed and returned before a team will be register
COACH AND PLAYER'S WAIVER FORM CONTRACT

Team Name:	Shirt Color:
Head Coach' s Name:	Phone:
First	D:
Last	N:
Mailing Address:	
City	Zip
Email	
Asst. Coach Name	Phone:
Email	

I understand and agree to abide by the rules and regulations governing North County Community Soccer League and Escondido Sports Center. I also understand that N.C.C.S.L does not carry insurance to cover participants or spectators of the league. I hereby assume the risk of any injures that I may sustain in the pursuit of all activities. I hereby waive, release and discharge any and all claims or right to claim damages for property damage or personal injury that may arise from my participation in North County Community Soccer League adult arena soccer program, or from the use of equipment owned or in the possession of N.C.C.S.L. This release is intended to discharge in advance the N.C.C.S.L, its subdivisions, officers, agents and employees from and against any and all liability that may arise out of negligence or carelessness on the part of the N.C.C.S.L, its subdivisions, officers, agents or employees. I also agree to indemnify, defend and hold harmless N.C.C.S.L, its subdivisions, officers, agents and employees from any and all loss, damage, liability, cost or expense including attorney' s fees arising out of or resulting from my participation in any sports activities or use of equipment owned or in the possession of N.C.C.S.L.

COACH AND PLAYER'S WAIVER FORM CONTRACT
I AM ABLE TO READ, AND I HAVE READ THE ABOVE AND UNDERSTAND IT.

PRINT NAME	SIGNATURE	DATE
1.		
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