



## COACHES AGREEMENT FORM

**(Must be submitted at Tournament Registration)**

As a head or an assistant coach, I hereby acknowledge and 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. 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. 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. **I understand that I must have my team's medical forms and pass cards on hand the day of the tournament. Failure to provide them upon request will result in automatic disqualification from the tournament.**

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 \_\_\_\_\_