

South Region Soccer League Inc. 2009 Coaches Waiver Form

Club: _____ Age Group: _____ Division: _____

Boys

Girls

Coach's Name: (Please Print) _____

I have been supplied with a copy of the League Rules and Regulations of the South Region Soccer League. I have read and understand the Rules of the League and agree to abide by these Rules.

Coach's Signature: _____ Dated: _____

PLEASE NOTE: This completed form is to be returned to the League office by **May 31, 2009**. Failure to comply with this deadline will result in a **fine to the Club of \$50.00**. If this form is returned **after June 15, 2009** the **fine will be increased to \$100.00**.

SRSL FAX: (905) 608-8340 OR EMAIL it to
admin@southregionsoccerleagu.com