

## South Region Soccer League Inc. 2010 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, 2010**. 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, 2010** the **fine will be increased to \$100.00**.

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