

FC YORK SOCCER CLUB

TEAM INFORMATION

ONLY for a TEAM NEW to the CPYSL LEAGUE

CLUB NAME - FC YORK SOCCER CLUB

TEAM NAME - _____

AGE GROUP - _____ GENDER - _____

COACH'S NAME - _____

LAST YEAR -

- LEAGUE PLAYED IN _____
- DIVISION _____
- RECORD _____ - _____ - _____

THIS YEAR -

- LEAGUE TO PLAY IN _____
- DIVISION TEAM is REQUESTING - _____

HAS THERE BEEN A CHANGE IN YOUR ROSTER MAKE UP OF MORE THAN 6 PLAYERS IN THE PAST YEAR? _____

- IF YES, BY HOW MANY? _____

HAS THE TEAM ACQUIRED ANY RED CARDS or SANCTIONS FROM ANY LEAGUE WITH-IN THE LAST 2 YEARS? _____

- IF YES, PLEASE EXPLAIN

AS THE COACH OF THE ABOVE LISTED TEAM, DO YOU UNDERSTAND AND ARE YOU WILLING TO FOLLOW ALL THE RULES AND REGULATIONS OF CPYSL? _____

AS THE COACH OF THE ABOVE TEAM ARE YOU WILLING TO MONITOR YOUR PLAYERS AND SPECTATORS OF THIS TEAM AND REQUIRE THAT THEY, AS WELL AS YOURSELF, ACT WITH RESPECT FOR THE GAME? _____

BY SIGNING THIS I DECLARE THAT THE INFORMATION IS FACTUAL & TRUE TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS I DECLARE THAT I HAVE READ & UNDERSTAND & ARE IN AGREEMENT WITH ALL OF THE ABOVE.

COACH'S SIGNATURE

TEAM

DATE