

11-12 METRO SCHEDULE TEAM APPLICATION

Needs to be turned in by 7:00 pm., July 15th, for the Fall 2011 Season or Dec 7th, for the Spring season
Non-Duke City teams need to include a check for \$200.00 for U-7 & 8's, \$900 for U-9 & 10's,
or \$975 for U-11's and older and your Team's Official Roster

Club _____ Team Age _____
Team Name _____ Team Sex _____
Last Years Name if changed _____ Coach Phone # _____
Coach _____ Coach Cell # _____

If the coach is new to the Metro Schedule they agree to obtain a hard copy of the
Metro Coaches Handbook prior to signing this application.

Coaches Email Address _____
Team Referee Name _____ Phone Numbers _____
E-mail _____ Home _____
Current Grade _____ Cell _____

**Remember for U-9 and U-10's the home team must
provide a certified referee to referee their home games**

In signing this application; I agree that if my team does not provide a referee (certified for
ages U-9 & above) to referee or to assist in refereeing four DCSL Soccer games during the
fall and spring seasons(i.e. four games per season) I, as coach, shall be suspended from
coaching in the DCSL the following season. I agree to read and comply with the DCSL
Disciplinary Policy and any revisions made to it. I also agree that my team, assistant
coaches, parents, and I, as coach, shall abide by and be governed by the the DCSL
Disciplinary Policy, DCSL Coaches Handbook, DCSL By-Laws, and by the decisions made by
the DCSL Board of Directors.

_____ Date _____ Coach

DCSL Office Use
Referee Certified
 Not-certified

This section only required only for DCSL Teams
Practice Location _____ Circle _____
Days M T W T F