

Southern Union Soccer League

Manager Registration & Responsibility Form

Team: _____

Manager: _____

Date: _____

Name: _____

Last

First

Phone: (____) _____

Cell # (____) _____

Address: _____

#

Street

Apt#

Date Of Birth: _____

City

State

Zip

ID#: _____

Driver's Lic., SS#, Passport, ect...

E-Mail Address: _____

Emergency Contact: _____

NAME Phone #

I am aware that Southern Union Soccer League (SUSL) **DOES NOT** provide medical insurance to players in this league for injuries sustained at anytime, including during the course of play.

YES

NO

Initials: _____

By signing below, I agree and understand that neither Elings Park Foundation, Southern Union Soccer League, nor their representatives or officers (BOD), carries medical insurance covering injuries to players, and that obtaining such insurance is the responsibility of the individual player. I agree that the costs of medical care required for injuries sustained during the course of play are NOT the responsibility of the Elings Park Foundation, Southern Union Soccer League (SUSL), or their representatives and officers.

I also agree to abide by the rules of the Southern Union Soccer League as they exist and as they may change from time to time. I agree that all decision made by the Board of Directors (BOD) will be supported and enforced by ALL members of the league. Meeting of the SUSL B.O.D. are open to all league members with a current players ID card. It is the **manager's responsibility** to have all players registered and have current SUSL ID cards, and to update the rosters to reflect the players that take the field on any given gameday. Failure to conform to these By-Laws or rules will result in game forfeit, fines, and/or individual expulsion from the league. Furthermore, it is the **manager's responsibility** to control the behavior of the players of this team, as well as the crowd that spectates their games. Forfeit of any game due to lack of players or unruly conduct, it is the **manager's responsibility** of that team to pay both referee fees for that scheduled game, as well as pay any fines given to the team or individual players throughout the season.

I agree to be solely responsible for the league fees of \$1500, outstanding referee fees or team fines

I declare that the above statements are true and correct and agree to the terms and conditions as stated.

Signature: _____

(Firma)

Date: _____

(Fecha)

Witness: _____

Date: _____