



Elk Grove Youth Soccer League
Parent/Caretaker Agreement



PLAYER Name _____
(Printed Name)

As the parent/guardian of the above-named player:

- ⚽ I will do my very best to make soccer fun for my child.
- ⚽ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or event associated with EGYSL soccer.
- ⚽ I will place the emotional and physical well being of my child ahead of any personal need to win.
- ⚽ I will insist that my child play in a safe and healthy environment.
- ⚽ I will support coaches and officials working with my child by maintaining open lines of communications
- ⚽ I will demand a soccer environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all EGYSL soccer events.
- ⚽ I will remember that I am an adult, and that EGYSL soccer events, especially the games, are for the kids.
- ⚽ I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or playing ability. As a role model, I will ask the same of myself and any others I may bring to EGYSL soccer events.
- ⚽ I will support my child in their soccer experience by, whenever possible, volunteering to assist with or support team, or club or league activities.

I understand that participation in EGYSL soccer events as a parent, friend, or family member is a privilege that may be revoked by the Elk Grove Youth Soccer League for conduct detrimental to the League or any club, team or game of soccer.

Parent/Caretaker Signature

Date

Parent/Caretaker Name Printed



Elk Grove Youth Soccer League

Special Request Form



Player: _____ DOB: _____ Gender: boy girl

Address: _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

I request the above child to

- A. Register with another EGYSL club *(specify club)* _____
- B. Be placed on a team coached by *(specify coach)* _____
- C. Be placed on a team with another player *(specify player)* _____
- D. Play up One age group/year *(specify age group)*: U _____ to U _____

Detailed justification for request: _____

_____ I understand this request will be considered based on space available on a team, needs *(initial)* of my home club, and validation of the justification.

_____ I understand this request must be coordinated and approved by all required persons and I *(initial)* will be notified whether this request is approved or denied.

_____ I understand that if approved, this request shall remain in effect for the remainder of the *(initial)* seasonal year.

_____ I understand if my request is approved, is not revocable by me after my child is placed on *(initial)* a team.

Parent/Guardian: *(Signature)* _____ Date: _____

(Printed) _____

Coordination/Approval				
Person	Approve	Deny	Signature	Date
Home Club Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Accepting Club Manager	<input type="checkbox"/>	<input type="checkbox"/>		
Reason for denial:				