California State Soccer Association - South

20 ____ - 20 ____ SEASONAL YEAR ☐ FALL ☐ SPRING ☐ SUMMER

PROGRAM ADMINISTRATOR REGISTRATION FORM

Cal South Rule 6.3.1.2.1

Cal South Rule 6.3.1.2.1: Program Administrators are defined as: State Board, education staff, ODP coaches, and scouts, district, league and club officers, and program directors, team managers, athletic trainers, coaches, assistant coaches and substitute coaches, and anyone else who has an official capacity in the soccer program.

Administrator Information

*Required field **At least one field is required

Legal First Name* | Legal Middle Name | Legal Last Name* | Suffix

Street Address*

City* | State | ZIP*

Home Phone** | Work Phone** | Mobile Phone** | Email*

Gender* (M - Male, F - Female) | Date of Birth* (MM/DD/YYYY)

Administrator Role(s)

☐ Assistant Coach ☐ Head Coach ☐ Referee ☐ Team Assistant ☐ Team Manager ☐ Team Parent

☐ Volunteer: _____

Coaching Information

Affiliate Member League/Club* | Club*

Play Level (e.g. Competitive, Recreational, Signature, TOPSoccer, CCAP) | Team ID Number

Identification

Some form of government-issued identification is required for all Cal South Administrators. This information is part of the Cal South KIDSAFE LiveScan process.

Driver License Number** | State | Expiration Date

Agreement

I understand that:
(1) Cal South may deny participation to any person who has been arrested or convicted of a crime.
(2) In applying for a Cal South position, I am required to be subject to a criminal history check and subsequent arrest notification requiring fingerprinting.
(3) As a Program Administrator, I hereby agree to abide by league, club, Cal South, US Youth Soccer, USSF and FIFA Bylaws, rules, regulations, policies, and procedures. I further agree that I am accountable for knowing, understanding, and following the same Bylaws, rules, regulations, policies, and procedures.

Roster Freeze

I acknowledge the following stated rule (1.5.3): Team rosters shall be frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving. **Initial here:** _____

Signature of Administrator _____ **Date** _____