Team Information and Special Request Form/Soccer Spring 2012

JOHNSON COUNTY PARK & RECREATION DISTRICT

☐ Age 4 ☐ Age 5 ☐ Age 6 ☐ U7-Gr1 ☐ U8-Gr2 ☐ U9-Gr3 ☐U10-Gr4

☐ U11-Gr5 ☐ U12-Gr6 ☐ U13-Gr7 ☐ U14-Gr8

☐**Boys** ☐ **Girls** **Do you want JCPRD to add players to your team? ____Yes ____No**

Team #: _____ Name of Team: _____ Color of Team: _____

Coach(es)/Team Manager Contact Information: Hm, Cell & E-mail address may be given to players requesting to be placed on a team or coaches needing to reschedule games.

Coach Name _____ E-mail Address _____

Hm# _____ Wk#_____ Cell#_____

Coach Address _____City _____State_____ Zip_____

Assistant Coach Name: _____ Phone #_____ E-Mail_____

Phone Number to be placed on game schedule (**mandatory**): _____

If team played under a different coach last season, please list previous Coach: _____

GAME SCHEDULING REQUESTS

A max of up to four scheduling conflict requests is allowed. After initial scheduling, re-scheduling (other than for rainouts) most likely will not be possible due to field and referee availability.

Four Scheduling conflict request means four specific dates, or a certain time on a specific date or dates on/at which your team will be unable to play. You cannot request not to play on Sundays or a specific time each week.

Any re-scheduling request must be requested 10 days prior to the originally scheduled date of the game or the game will not be re-scheduled. You will be required to play the game or forfeit.

Please be sure to list if you are coaching multiple teams and the age group. **Also, be aware that Assistant Coach(es) are expected to coach in the absence of the Head Coach or if Coaches with multiple teams have games scheduled at the same time.** We do our best when scheduling, but sometimes it is unavoidable.

Request #1:_____ Request #3:_____

Request #2:_____ Request #4: _____

Other team(s) coaching:_____Age Group:_____ Gender:_____

Practice Field Request Grades 1-8: (Please list 3 choices in order of preference) . You will be notified when your practice time is confirmed ,
In order to help maintain our fields, we are in need of Sponsorships to cover Field Rental fees .If you or anyone you know would like to be a Field Sponsor please e-mail shannon.sonnier@jocogov.org for more information.
Location: _____ _____ _____

Day of Week: _____ _____ _____

Time of Day: _____ _____ _____

Signature required:
I hereby certify that the attached roster and above information are true and correct to the best of my knowledge:
I HAVE READ AND WILL COMPLY WITH THE COACHES CODE OF CONDUCT (see under Coach/Team Required Downloadable at www.jcprdsoccer.com)

Coach: _____ _____ _____
Print Name Signature Date

All Coaches and Assistant Coaches are required to fill out a Background Check Form and a Volunteer Form. If you have completed one previously it is not necessary to fill one out again unless requested randomly by the HR department. Only new Coaches / Asst Coaches need to complete. These forms can be accessed at www.jcprdsoccer.com.

ALL COACHES MUST SIGN COACH CODE OF CONDUCT ON THE BACK OF THIS FORM

Office Use Only: Background Check _____Volunteer _____ Coach Code of Conduct _____ Coach ID _____

Revised 12/5/11