

I acknowledge that I have read and accept the LIJSL Zero Tolerance Policy & OUSC Soccer Coaches Code of Conduct and agree to abide by all of the provisions. Furthermore I understand that I may be personally responsible for any fines assessed to OUSC because of my personal conduct.

Team Name		Date	
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Age & Gender	, A		***************************************
	Sign	Print	
Assistant Coach _	Sign	Print	
Assistant Coach _	Sign	Print	
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