



# 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
- Coach or Asst Name: \_\_\_\_\_

### Coaching Information

Preferred Division      U6      U8      U10 Coed      U10 Girls      U12 Coed      U12 Girls      U14      U18Player

Property Player's Name \_\_\_\_\_

### 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 \_\_\_\_\_