

# 16-17 METRO SCHEDULE TEAM APPLICATION

Needs to be turned in by 7:00 pm., July 5th, for the Fall 2016 Season or Dec 9th, for the 2017 Spring season

## Fees for Non-Duke City Registered Teams

Age	On Field	Roster Size	Registered in Leagues	Approved Academy's
U 9 & 10's	7 v 7	11	\$ 900.00	\$ 1,100.00
U 11 & 12's	9 v 9	14	\$ 975.00	\$ 1,300.00
U 13 & 14's	11 v 11	18	\$ 975.00	\$ 1,400.00
U 15 and older	11 v 11	22	\$ 1,200.00	\$ 1,400.00

Team Age \_\_\_\_\_ Birth Year \_\_\_\_\_

Club \_\_\_\_\_ Team Sex \_\_\_\_\_

Team Name \_\_\_\_\_ Last Years Name if changed \_\_\_\_\_

Coach Name \_\_\_\_\_ Coach Cell # \_\_\_\_\_

Coach Email Address \_\_\_\_\_

**Remember for U-9 and U-10's the home team must provide a certified referee to referee their home games**

In signing this application; I agree that if my team does not provide our team referee (certified for ages U-9 & above) to referee or to assist in refereeing four DCSL Soccer games during the fall and spring seasons (i.e. four games per season) I, as coach, shall be suspended from coaching in the DCSL the following season. I agree to read and comply with the DCSL Disciplinary Policy and any revisions made to it. I also agree that my team, assistant coaches, parents, and I, as coach, shall abide by and be governed by the the DCSL Disciplinary Policy, DCSL Coaches Handbook, DCSL By-Laws, and by the decisions made by the DCSL Board of Directors.

\_\_\_\_\_ Date \_\_\_\_\_ Coach

Team Referee Name \_\_\_\_\_ Current Grade \_\_\_\_\_

In signing this I have been made aware that I will be assisting this team to play in the Metro Schedule by agreeing to participate as a referee or assistant referee for 4 games per season.

\_\_\_\_\_ Date \_\_\_\_\_ Referee

(if you team has additional referees please attach additional applications)

**DCSL Office Use**

Referee    \_\_\_ Certified

                 \_\_\_ Not-Certified

**This section only required only for DCSL registered teams**

Practice Location \_\_\_\_\_ Circle Days    M    T    W    T    F