



**ACCEPTANCE OF COMPETITIVE TEAM STAFF  
DUTIES AND RESPONSIBILITIES**

I have read and fully understand the contents of the publication, Competitive Team Policies and Manual and agree to comply with its requirements.

**I agree to comply with the LSSC by-laws and regulations.**

I acknowledge that all decisions and actions by any team staff member are subject to review by the Executive of the LSSC. The Executive retains the right to reprimand, suspend or dismiss a Coach, Manager, Assistant Coach, Trainer or other team staff member at any time. I accept that this decision is at the discretion of the Board of LSSC, acting with all due consideration and responsibility.

**TEAM NAME:** \_\_\_\_\_

<b>COACH NAME:</b>	_____		
<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____
<b>MANAGER NAME:</b>	_____		
<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____
<b>ASSISTANT COACH NAME:</b>	_____		
<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____
<b>TRAINER NAME:</b>	_____		
<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____
<b>OTHER NAME:</b>	_____	<b>POSITION:</b>	_____
<b>SIGNATURE:</b>	_____	<b>DATE:</b>	_____

**FOR OFFICE USE ONLY**

**ACCEPTANCE BY DIRECTOR OF REPRESENTATIVE SOCCER**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ACCEPTANCE BY PRESIDENT**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_