CFSA 7-ON-7 FOOTBALL COACH'S CONTRACT

Season:	Year:	
Team Name:	Age Group:	Division:
Head Coach Name:	Mobile Number:	Home Number:
Email Address:		
All coaches are required to ha each player (located on the C	FSA website). As a coach you are	FORMS): In contains a Medical Release Waiver, completed for required to have a copy of these completed forms at a sign the below stating you will follow this
Head Coach (Print):		Date:
Head Coach Signature:		<u></u>
Cy-Fair Sp	orts Association 7 on 7 Foot	ball Coaches Contract Terms
The following agreement must for any team within the Cy-Fa	~ ·	formance of any duties as a Manager or Head Coach
The sporting program is desig	ned to teach the fundamentals of th	e sport and the principles of good sportsmanship.
I have read the entire set of ru	les and regulations for the sport an	d I understand them fully.
•		f the assistant coaches, the players and the parents. I ontrol of their behavior at the games and practice
the program. Therefore, I will	support all fund raising activities o	d that fund raising activities are necessary to finance f the CFSA, including volunteer time at CFSA to support all fund raising activities.
automatic ONE game suspens result in an automatic forfeit of	ion. I realize that participation of ar	ad Coach, Assistant Coach or player will result in an expelled coach or player at a game or practice will practice. I realize that any Manager, Coach, Player or spectator area immediately.
0 0,1	.	events WILL NOT be tolerated. Complaints from the dismissal and termination of the offenders from
SIGNATURE OF HEAD COA	ACH/TEAM MANAGER:	