

20 - 21 METRO SCHEDULE TEAM APPLICATION

Deadlines will be updated as soon as we can make them

Fees for Non-Duke City Registered Teams

Age	On Field	Roster Size	Fee	Fee - For Out of Town Teams (2 games / weekend)
U 9 & 10's	7 v 7	12	\$ 1,000.00	\$ 1,120.00
U 11 & 12's	9 v 9	16	\$ 1,350.00	\$ 1,670.00
U 13 & 14's	11 v 11	22	\$ 1,500.00	\$ 1,840.00
U 15 and older	11 v 11	22	\$ 1,500.00	\$ 1,800.00

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. Exception - Out of Town Teams (Durango, Clovis, Las Cruces and Amarillo). 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. I also agree that I will not hold tryouts or playdates in the spring prior to Duke City Scheduled Tryouts scheduled for June 1, 2021.

_____ 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 - Team Referee is:

_____ Certified

_____ Not Certified

This section only required only for DCSL registered teams

Practice Location _____ Circle Days M T W T F