

**Suffolk Soccer Interleague**  
**Acknowledgement of Insurance Issue**  
**Along with Sportsmanship Policy**

As Coach / Assist Coach of a Team Playing under Suffolk Soccer Interleague (SSI), I understand the concerns regarding insurance liability and the importance of using proper registered players in my matches against other clubs teams. I will only use in my matches, sanctioned players provided to me by my Club with valid US Club passes and know that No Registered Competitive Travel players are allowed to participate in SSI matches.

I acknowledge that I have read the SSI Sportsmanship Policy and I am aware of the SSI's Zero Tolerance Policy of abuse towards Players and Referees, of dissent towards Referees or of any unsportsmanlike conduct by any Players or Coaches. I understand I am responsible for the actions of my players and parents at all sanctioned functions that my club has approved me to play in. Safety is my first concern when we have any match game.

I am aware that we play even up at all matches. I am aware and understand the 5 goal rule and it is my responsibility to control the score of the match to the best of my ability.

I understand all the rules and guidelines set forth by SSI.  
Failure to abide by these policies will result in suspension and/or fines.

*Each Adult Carded Coach/Supervisor must fill out this Acknowledgement.*

Coach Name (Printed) \_\_\_\_\_

SIGNED: \_\_\_\_\_

Club Name: \_\_\_\_\_

Age Div/Team Name: \_\_\_\_\_

Date: \_\_\_\_\_, 2010

*Scan document and e-mail to [ssinterleague@optonline.net](mailto:ssinterleague@optonline.net). Help SSI go green, all libraries have a scanners and e-mail*

*Acknowledgement valid through July 31, 2010*

*Official form For Suffolk Soccer Interleague Inc.*

*SSI is sanctioned By US Club Soccer and Affiliated with USSF.*