CFSA COACH CONTRACT

Season:	Year:	
Team Name:	Age Group:	Division:
Head Coach Name:	Mobile Number:	Home Number:
Email Address:	,	
All coaches are required to have	SA website). As a coach you are re	ORMS): contains a Medical Release Waiver, completed for equired to have a copy of these completed forms at sign the below stating you will follow this
Head Coach (Print):	Date:	
Head Coach Signature:		
Cy-Fair	Sports Association Coaches	Contract Terms
The following agreement must for any team within the Cy-Fai	be read and signed prior to the perf r Sports Association (CFSA).	formance of any duties as a Manager or Head Coach
The sporting program is design	ed to teach the fundamentals of the	sport and the principles of good sportsmanship.
I have read the entire set of rul	es and regulations for the sport and	I understand them fully.
I realize that I may be held acc must demonstrate good sports sessions.	ountable to CFSA for the actions of nanship and attempt to maintain co	the assistant coaches, the players and the parents. I ntrol of their behavior at the games and practice
the program. Therefore, I will	support all fund raising activities of	that fund raising activities are necessary to finance the CFSA, including volunteer time at CFSA o support all fund raising activities.
automatic ONE game suspensi result in an automatic forfeit o	on. I realize that participation of an	d 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.
Fighting, profanity, the use of parents, officials, coaches or so the association with CFSA.	drugs, tobacco or alcohol at CFSA e hool officials will result in immedia	events WILL NOT be tolerated. Complaints from te dismissal and termination of the offenders from
SIGNATURE OF HEAD COA	.CH/TEAM MANAGER:	