



WISCONSIN YOUTH SOCCER STATE CHAMPIONSHIPS  
Code of Conduct Form



Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State Association: \_\_\_\_\_

Club/Team Name: \_\_\_\_\_

Age Division: \_\_\_\_\_ Boys Girls

**Certification of Responsibility**

My team will conduct itself in a manner respecting the facilities, other players, referees, and administrative staff of the Wisconsin Youth Soccer State Championships. Further, I understand that if my team is found using or in possession of drugs, alcohol, or in violation of the Wisconsin Youth Soccer and/or hosting facilities rules and regulations, the result will be my team's immediate ejection from the Wisconsin Youth Soccer State Championships.

Signature of Coach: \_\_\_\_\_ Date: \_\_\_\_\_

This Code of Conduct Form MUST be filled out in its entirety and signed by the Coach. It is to be turned in to the Wisconsin Youth Soccer State Championships Committee prior to the first scheduled tournament game.