

Academy

Field usage agreement

Team _____ Coach _____

Manager _____ Email _____

Coach and Manager need to initial each line.

- _____ _____ Our team will be assigned a MAXIMUM of 2 practice times per week and our team will not practice at ESC other than at our assigned times.
- _____ _____ Our team will not move any goals that are anchored.
- _____ _____ Our team will pick up trash, tape, empty bottles, etc. at the conclusion of each training session.
- _____ _____ Our team will place portable goals against the fence laying face down at the conclusion of training each night.
- _____ _____ Our team will not allow any players or siblings to climb on the goals or on the goal nets.
- _____ _____ Our team will NOT do speed training on the actual game field.
- _____ _____ Our team will do our best to avoid training in worn areas, and will not train in the goalmouths. Our team will try to utilize portable goals when at all possible to minimize wear and tear on the fields.
- _____ _____ Our team coach will be sure to turn off the lights at the conclusion of training each night. The coach will NOT leave without confirming that the remaining coaches/teams have a light key.
- _____ _____ Our team will use anchors or sand bags to stabilize portable goals while they are in use.
- _____ _____ Our team understands that if we do not follow these guidelines, then we will lose our privileges to train at the complex.
***After the first problem, the will be suspended from training at the club for 2 weeks. After the second problem, the team will suspended for 4 weeks, the third incident and every incident there after will result in additional 2 week suspension (6,8,10 weeks etc),There will be no refund of money.

My signature indicates my agreement to follow these practice guidelines. I will also abide by the field usage policies set forth by the Edmond Soccer Club and the North Oklahoma City Soccer Club.

_____ Coach

_____ Manager

Requested training: _____

ESC Available training slots = [Mon., Tues., Thurs., Fri. / 5:00 pm, 6:30 pm, 8:00pm]

Check amount _____ Date received _____ Fall / Spring 20 _____

Checks payable to ESC should be sent to PO Box 955, Edmond, OK 73083

Use this space for additional information: _____

