

EDMOND SOCCER CLUB

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. (if applicable)

_____ 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 goal mouths. 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 will not conduct a training or scrimmage with another team that has not previously contracted to practice at the complex.

1

_____ 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.

I have read the above statements and agree to follow the standards set forth by the Oklahoma Football Club, and use of the Edmond Soccer Club and North Oklahoma City Soccer Club fields.

_____ Coach

_____ Manager

Requested training days and times: _____

Check amount _____ Date received _____ Fall / Spring 20____