

**HCSC Coach Registration and Agreement  
Soccer Fall 2019**

Only the individuals named below have been authorized to serve as coaches for this collegiate club team during HCSC matches.

Coaches are expected to conduct themselves with good sportsmanship before, during and after matches. Coaches are expected to abide by the HCSC Rules and Regulations available on the HCSC website at [www.uhd.edu/sports&fitness/hcsc/soccer](http://www.uhd.edu/sports&fitness/hcsc/soccer). Teams are responsible for the conduct and behavior of their players, coaches and spectators. The referee may take action against individuals and teams including suspension of the match if in his/her opinion they are engaging in conduct that is detrimental to the game. Referees will report any such conduct and actions to the commissioner. The commissioner may impose further sanctions and penalties against the offending team including the suspension of players, coaches and the team from the HCSC.

**Agreed to and Accepted By:**

Name of University/College \_\_\_\_\_

Division (Select One):          Men's          Women's

Head Coach Full Name (Type) \_\_\_\_\_

Cell Phone Number/ Email Address \_\_\_\_\_ / \_\_\_\_\_

Is this individual a player/coach?          Yes          No

Assistant Coach 1 Full Name (Type) \_\_\_\_\_

Cell Phone Number/ Email Address \_\_\_\_\_ / \_\_\_\_\_

Is this individual a player/coach?          Yes          No

Assistant Coach 2 Full Name (Type) \_\_\_\_\_

Cell Phone Number/ Email Address \_\_\_\_\_ / \_\_\_\_\_

Is this individual a player/coach?          Yes          No

\_\_\_\_\_  
Team President or Leader (Signature) \_\_\_\_\_ Date

Team President or Leader (Type) \_\_\_\_\_

\_\_\_\_\_  
Rec Sports Director or applicable (Signature) \_\_\_\_\_ Date

Rec Sports Director or applicable (Type) \_\_\_\_\_

**PLEASE FAX THIS FORM TO 713-223-7472 OR  
DIRECTORS ONLY MAY EMAIL THIS FORM TO SPORTS@UHD.EDU**