

Colorado Storm Team _____ Coach _____ Team # _____

Fall 2008 Team Registration Procedure for U12-18 Competitive Teams:

1. All players must register at www.coloradostorm.com competitive page. (Players need to know their 4 digit Team #).
2. Fill out the "Travel Agreement", "Code of Conduct" and "Medical Release Form" and turn in to team manager.
3. All NEW players to Colorado Storm must provide a photocopy of birth certificate. "Proof of age shall consist of birth certificate, board of health record, passport or alien registration card issued by the US government, or Certificate of Naturalization issued by the Immigration and Naturalization Service (HOSPITAL RECORDS OF BIRTH ARE NOT ACCEPTABLE).
4. All players have to provide a postage sized photo for new 08/09 player passes.

All Coaches, Assistant Coaches, Team Managers, and Team Treasurers must register at www.coloradostorm.com competitive page. All coaches, managers, and treasurers will use the team representative's link to register. Coaches and Assistant Coaches will fill out their respective forms as either the assistant coach or coach. **Team Managers and Team Treasurers will fill out the team manager form and in the nickname section put either manager or treasurer this is very important so we assign you to the correct role when emails go out.** All coaches, assistant coaches, managers, and treasurers for the team must register.

Fill out and turn in "Practice Request Form", "Cancellation and Make up Policy", "Team Coach's Agreement".

All coaches and assistant coaches must provide a postage sized photo for new 08/09 coach pass. Team managers need to keep the photos and will be contacted when the passes are ready. Make sure that each picture has the players name on the back of each photo.

Use your last season's roster as Roster Drop/Update Form. Please explain any movement from your team. If you are registering a new team, you will not have a roster.

Teams are required to pay their coaching fee payable to "COLORADO STORM" in 3 installments on following dates: August 22, September 22 and October 24.

The club will pay the coach on following dates: August 31, September 30, October 31, November 30 and December 31.

Please contact me with any questions.

Said Mossavian
said@coloradostorm.com
office (303)268-1133
fax (303)268-1157





FALL 2008

Colorado Storm Cancellation and Make up Game Policy and Procedure

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- Please contact all the teams you play against immediately, make sure the name of the coaches and phone numbers/emails are correct on the league alignment list and exchange cell phone numbers. Please explain our club's cancellation policy and fees associated with it. Please remember that your team is responsible for all fees.
- Any rescheduled HOME game will be assessed a \$40 fee. There is no reschedule fee for cancellation due to field conditions or weather.
- Any HOME game canceled after Wednesday (1:00PM) before the regularly scheduled weekend game will be assessed a \$40 fee per game fee plus the referee game fee U11/12 = \$48; U13/14 = \$66; U15/16 = \$85; U17/18 = \$105.
- Any game that was not scheduled as a Storm home game will be assessed \$50 to be played at the Storm fields if space is available.
- For rescheduling you need to contact said@coloradostorm.com with the following information:

Game #, old date, new date, new time and a reason
- All referees for Colorado Storm home games have to be assigned by Colorado Storm certified referee assignors.

We agree to above terms:

Team: _____ Date: _____

Team Representative's Name and Title: _____

Team Representative's Signature: _____

Field Closure Number: 303-862-3989

www.coloradostorm.com



Colorado Storm Soccer Association
Fall 2008
Practice Request & Team Directory



Team:

First Choice (choose 1 in each box):

Monday & Wednesday ____ Tuesday & Thursday ____	Early Time ____ Late Time ____
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Second Choice (choose 1 in each box):

Monday & Wednesday ____ Tuesday & Thursday ____	Early Time ____ Late Time ____
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Coach:

Name:	Cell:
Email:	

Assistant Coach:

Name:	Cell:
Email:	

Team Manager:

Name:	Cell:
Email:	

Team Treasurer:

Name:	Cell:
Email:	