

SWISL Enrollment Application

Application Deadline: January 1st

Name of Organization: _____

Location/City/Town: _____

Contact Person: _____

Phone: _____ Email: _____

Which season/s would you like to play? *(check all that apply)*

Spring season

Fall Season

Are you currently involved in another soccer league or host your own community soccer program? YES NO If YES, please explain: _____

Which of the following do you currently possess? *(check all that apply)*

A registration process for your players.

Liability insurance for your players and coaches.

Insurance Company: _____

(please attach a copy of your proof of insurance)

The capacity to host a soccer weekend by providing field space.

(Minimum of two 45'x75' fields, two 75'x105' fields, two 134'x200' fields)

The use of a regulation size soccer field for U15 play.

People who can and will referee for league games.

Provide approximate number of teams for each age division:

U6 _____ U8 _____ U10 _____ U12 _____ U15 _____

How did you hear about SWISL? _____

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Release Statements: (*check all*)

- I (we) understand that upon acceptance as a member organization of the Southwest Iowa Soccer League (SWISL): the organization will be required to pay all dues, fees, or other expenses required by SWISL for league play, to abide by all policy and procedures outlined in the SWISL handbook, and to assign an individual from my organization to serve as a liaison to the SWISL Board.
- I (we) understand that my organization will be required to provide referees for league play, to provide appropriate equipment, coaches, and jerseys for each team submitted, and that teams will travel to other participating communities for some games.
- I (we) waive and release any and all rights and claims for damages against Southwest Iowa Soccer League (SWISL), and its board members, representatives, agents, and/or assignees, for any and all damages which may arise out of traveling to, participation in, or returning from the league.
- In the event of illness or injury, I (we) waive and release SWISL from any and all responsibility for any medical and other charges incurred in connection with my (our) organization's registered players playing in this league.
- I (we) understand the league retains the right to use for publicity and advertising purposes photographs and video of players taken during the league.
- I (we) understand any team that does not abide by league rules may be dismissed from the league with no refund.

Signature: _____

Date: _____

Complete application by *January 1st* for spring season and/or fall season.

Application can be emailed to SouthwestIowaSL@gmail.com or mailed to: SWISL c/o Atlantic Soccer Club 205 W 7th St. Atlantic, Iowa 50022