



ORGANIZATION STATEMENT OF UNDERSTANDING AND AGREEMENT

I, the undersigned President/Chief Officer of the organization listed below (The Organization), agree that The Organization shall adhere to all rules, regulations, policies and decisions of the Illinois Youth Soccer Association (IYSA). Ignorance of the rules and regulations of the IYSA shall not be an excuse for failure to comply with same. The Organization agrees that membership in the IYSA is a privilege and not a right, which may be withdrawn by two thirds (2/3) vote of the IYSA Board of Directors if The Organization fails to comply with the rules, regulations, policies and decisions of the IYSA, including but not limited to the following:

The Organization agrees to abide by the IYSA Goal Safety Policy (Rule 021-A) and hereby certifies that it has implemented the IYSA Goal Safety Policy and communicated the policy to each of its officers, directors, coaches, employees, volunteers, associated personnel, and the parents/guardians of the participants. Further, The Organization certifies that it has complied with the IYSA Goal Safety Policy requirements prior to its annual registration.

The Organization agrees to comply with the IYSA Risk Management Policy (Rule 019) and certifies that on or before October 1st of the current soccer year it will conduct a background search on every new affected person as defined in this policy, Statement of Position, Paragraph 2, a thru f and every two (2) years thereafter. The Organization does further certify that all of the individuals in the list that has been submitted to the IYSA, i.e. (re: all covered persons listed in the Statement of Position, paragraph 2, a thru f in IYSA Rule 019) are fit to participate in any and all IYSA affiliated/sponsored programs.

The Organization agrees that effective September 1, 2014 every Organization coach will have a Centers for Disease Control (CDC) *Heads Up Concussion in Youth Sports* Completion Certificate and the Organization will adopt and use the Illinois Youth Soccer Association Concussion Notification Form. Based on the advice of the US Soccer Medical Committee, the Organization agrees to abide by Illinois Youth Soccer 's heading ban for players aged 10 and younger (U11 and younger age brackets) at all Illinois Youth Soccer activities including but not limited to Illinois Youth Soccer Member League play, practices and tournaments. A purposeful header by a player in any bracket for players aged 10 and younger shall result in an indirect free kick awarded to the opponent.

The Organization agrees that based on US Youth Soccer's Policy on Unmanned Aircraft Systems (Drones), the use of drones is strictly prohibited at all IYSA member events. It is the responsibility of the Event/Home Site Host to ensure that this policy is strictly enforced.

The Organization understands and acknowledges that effective September 1, 2014 the Organization will no longer have Directors and Officers insurance coverage through the IYSA and the IYSA strongly recommends that the Organization purchase this coverage.

To maintain its membership the Organization agrees to timely pay its membership fees assessed by the IYSA in addition to any and all fees and fines assessed against affiliated clubs/organizations and/or individuals within The Organization which are not paid by the club or individual within one (1) month after assessment by the IYSA.

I hereby represent and warrant that The Organization is not aware of any claim or occurrences that would give rise to any claim against its directors, officers, employees, coaches, managers, volunteers, agents, sponsors and associated personnel including those of its affiliated organizations, clubs, teams and members.

The Organization Name (Full Name) _____

Print President/Chief Officer's Name _____ Title _____

President/Chief Officer's Signature _____ Date _____