

REQUEST TO APPOINT TEAM STAFF

Team _____ Head Coach _____

I am recommending and request the Rep Committee's approval for the following team staff:

Position	Name	Address	Phone
Manager	_____	_____	_____
Assistant Coach	_____	_____	_____
Trainer	_____	_____	_____
Extra Helper	_____	_____	_____

I understand the Rep Committee has the authority not to approve any or all of the above persons and agree to abide by that decision.

Signed _____ Date _____

(The Rep Committee will not approve any individual for any position until this document is signed)

**ACCEPTANCE OF REQUIREMENTS AND AUTHORITY
OF THE BOD AND THE REP COMMITTEE**

**We have read and fully understand the contents of the “Rep Policy Manual”.
We recognize the authority to impose such requirements on team management.**

**I/We agree to comply with the Club By-laws and Regulations, and to abide by the
requirements of Coaches and Team Staff.**

**Note: Head coaches must be approved by the BOD and all other team staff may be
approved by the Rep Committee.**

Signatures

Coach _____ **Date** _____

Manager _____ **Date** _____

Asst. Coach _____ **Date** _____

Trainer _____ **Date** _____

Helper _____ **Date** _____

WMS PLAYER ROSTER

Please complete this sheet and return immediately to WMS when team is selected.

TEAM: _____

COACH: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Player: _____

Signed: _____

Date: _____

Player: _____

WMS REP PLAYER EVALUATION

Physical

Height	Above team avg.	Avg.	Below team avg.
Weight	Above team avg.	Avg.	Below team avg.
Strength	Above team avg.	Avg.	Below team avg.
Endurance	Above team avg.	Avg.	Below team avg.
Agility	Above team avg.	Avg.	Below team avg.

Individual Skills

Ball Control	Above team avg.	Avg.	Below team avg.
Heading	Above team avg.	Avg.	Below team avg.
Turning/Lateral	Above team avg.	Avg.	Below team avg.
Speed	Above team avg.	Avg.	Below team avg.
Shooting	Above team avg.	Avg.	Below team avg.
Giving a pass	Above team avg.	Avg.	Below team avg.
Taking a pass	Above team avg.	Avg.	Below team avg.
Dribbling	Above team avg.	Avg.	Below team avg.

Mental attitude

Aggressiveness	Above team avg.	Avg.	Below team avg.
Taking Instruction	Above team avg.	Avg.	Below team avg.
Positional Play	Above team avg.	Avg.	Below team avg.
Creativity	Above team avg.	Avg.	Below team avg.

WATERLOO MINOR SOCCER PLAYER WAIVER FORM

USE OF FORM:

1. This form is to be utilized on behalf of players wishing move from an "A" team to a "B" team within the same age group, after the player has been selected for the A team.
2. Each player is required by Waterloo Minor Soccer to present this completed form to the appropriate "A" Team Official and/or Head Coach of which the player has been selected for.
3. The A team coach will forward this form to the club.
4. A decision will be made and the A team coach and player will be notified in writing of the outcome.
5. This form will be kept on record by the Club.

PLAYER INFORMATION:

Player's Name _____

Current Team (A) _____

Current Team Head Coach _____

Reason for Waiver Request _____



Players Signature	Date
Parents Signature	Date
'A" Team Coach Signature	Date
'A'Team Coach Comments	

PLAYERS/PARENTS SHOULD NOTE THAT THE PLAYER MAY NOT ATTEND ANY 'B' TEAM FUNCTIONS UNTIL A DECISION IS RENDERED BY THE CLUB.

Received by Club Official	Date
Meeting Date	
Reason for Approval or Disapproval	

Approved or Disapproved (Circle) _____

Club Official Signature _____

Date _____