

**2020 YOUTH INDOOR SOCCER ROSTER  
BURKE COUNTY RECREATION & PARKS DEPT**

-----  
Team Name

League  
Community/Sponsor

-----  
Head Coach

Phone

-----  
Assistant Coach

Phone

-----  
Player's Name/Address

Birth  
Date

Jersey  
Number

Weight

-----  
1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

**\*\*\*Coaches: You are required to read & sign the Coaches' Code of Ethics Pledge printed on the back before your team will be eligible to play. Unsigned rosters constitute ineligible teams.**

Post Office Box 219  
Foothill Higher Ed Center

2128 S. Sterling Street  
Phone 828-764-9090

Morganton, NC 28655  
Fax 764-9091

## BURKE COUNTY YOUTH COACHES' CODE OF ETHICS PLEDGE

I hereby pledge to live up to my responsibilities as a Burke County Youth Coach by following the Burke County Recreation Youth Sports League Bylaws and the Coaches' Code of Ethics Pledge listed below.

- I will place the emotional and physical well being of my players ahead of any personal desire to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe playing situation for my players.
- I promise to review and practice the necessary first-aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players.
- I will insure that I am knowledgeable in the rules of each sport that I coach, and that I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills that I teach.
- I will remember that I am a youth coach, and that the game is for children and not adults.
- **I understand that I am responsible for reading and obeying the rules and regulations formulated by the Burke County Recreation Commission and Burke County Recreation and Parks Department. I understand my responsibility as a coach to ensure that each child participates (plays) in this sport. My failure to do so will result in my termination as coach.**

Head Coach Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Asst. Coach Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_