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## **RYSL Team Practice Schedule**

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Coaches, please fill out this form, completely, and return it at registration with your team information. If you become a coach **after** the scheduled “**Team Registration**” date, return it to the Desert Breeze Snack Bar. You must let the RYSL know where you practice (Field # [does not guarantee a particular spot on the Field at DB], days and times) so there is an “**Insurance Certificate**” to cover your team.

You **MUST** practice at the Desert Breeze Soccer Complex if the League populates your team, as we have paid for the fields. If there are extenuating circumstances and you have a team that has not been populated by the RYSL, or all of your parents agree to practice at a different location, fill out the proper paperwork and send to the President and the President will request from the Insurance company an “**Insurance Certificate**” for the location you practice at and will hold the “**Insurance Certificate**” in case a problem occurs.

If you don’t fill out “**this**” form and the “**RYSL Practice at Different Location than Desert Breeze Form**”, the President won’t know to get an “**Insurance Certificate**” for your location and if a problem arises or an accident happens, you may not be insured and you may be asked to leave wherever you practice at.

Age Group: U \_\_\_\_\_ C / G    Team Name: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Coaches Signature: \_\_\_\_\_  
 Coaches Email: \_\_\_\_\_ Coaches Cell: \_\_\_\_\_

Location Team Practices: DB or Address if not DB: \_\_\_\_\_

Who owns the field: \_\_\_\_\_ Do you have a permit for the Field: \_\_\_\_\_

<u><b>Practice days:</b></u>	<u><b>Time:</b></u>	<u><b>Location:</b></u>
_____	Time: _____	Field: _____
_____	Time: _____	Field: _____
_____	Time: _____	Field: _____
_____	Time: _____	Field: _____