NCSA
NORTH CENTRAL SOCCER ALLIANCE
WWW.AABBCCDD.COM

Coach Sit Out Form

The coach must present this completed sit out form to the center referee prior to the start of the game with a driver's license or other photo ID. The coach may stay at the soccer fields at an area that can be checked by a board member of the association the game is played at but cannot participate in the game by giving coaching instruction to any player or assistant coach.

Sit Out Date: _____/_____/_____ (MM DD YY) **Age Group:**_____

Coach Last Name:_____ **Coach First Name:**_____

Association where sit out is taking place:_____

Game Time:____:____AM/PM

Center referee's name (please print):_____

The coach presented this sit out form with a driver's license or photo ID? ☐ **YES** ☐ **NO**

The coach did not participate during the game as a coach? ☐ **YES** ☐ **NO**

Referee Signature:_____

↑↑↑↑ This portion needs to be attached to the game sheet!!! ↑↑↑↑

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Coach Last Name:_____ **Coach First Name:**_____

Association where sit out is taking place:_____

Game Time:____:____AM/PM

Center referee's name (please print):_____

The coach presented this sit out form with a driver's license or photo ID? ☐ **YES** ☐ **NO**

The coach did not participate during the game as a coach? ☐ **YES** ☐ **NO**

Referee Signature:_____

↑↑↑↑ This portion needs to be given to the coach as proof of the sit out!!! ↑↑↑↑