

PLAYER/ADULT PROTECTION GUIDELINES ACKNOWLEDGEMENT STATEMENT

Instructions to Coaches : Please distribute the PLAYER/ADULT PROTECTION GUIDELINES and have each parent/custodial adult fill in and sign below. After collecting all the signatures, use the provided envelope and return the form to WBSC.

COACH _____

Assistant Coach _____

Team Name _____

Age _____ **Gender** : Boys / Girls

I/We have received and reviewed the PLAYER/ADULT PROTECTION GUIDELINES. I/We understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization.

	Player Name	Parent/Custodial Adult (Print)	Parent/Custodial Adult (Signature)
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