

**VIRGINIA SOCCER ASSOCIATION (VSA)
CODE OF CONDUCT**

TEAM NAME _____ TEAM ID _____

AGE GROUP _____ DATE _____

Players, Parents, Guardians and Team Representatives – Please sign this form stating that you have read and agree to abide by the VSA Code of Conduct.

	PLAYER SIGNATURES		PARENT/TEAM REP SIGNATURES
1		1	
2		2	
3		3	
4		4	
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16		16	
17		17	
18		18	

I have received the Coach's Code of Conduct and agree to abide by these principles.

(Coach's Signature)
 (Asst. Coach's Signature)
 (Team Manager's Signature)