



**SOUTH CAROLINA YOUTH SOCCER**  
**CLUB / LEAGUE RISK MANAGEMENT**  
**COORDINATOR FORM**  
(Due Date: August 7, 2009 / Late Fee \$250.00)



Club / League No. \_\_\_\_\_

The \_\_\_\_\_ Soccer Club / League,  
(print)  
has designated to serve as Risk Management Coordinator for this organization:

Name: \_\_\_\_\_  
(print)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Home

\_\_\_\_\_ Work

\_\_\_\_\_ Fax

\_\_\_\_\_ E-mail

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Club / League President

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Club / League Risk Mgmt. Coordinator