

FRONTIER COUNTRY SOCCER ASSOCIATION

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PLAYER/COACH SIT-OUT VERIFICATION FORM

In accordance with FCSA rules, the following Sit-Out Policy must be followed:

- A. Any player or coach ejected (Red Card) from a FCSA match must sit out the next USYS sanctioned match. This also includes a 2nd Yellow Card ejection.
- B. Any player or coach ejected (Red Card) from a FCSA match for Violent Conduct involving physical contact must sit out the next three (3) USYS sanctioned matches.
- C. Any player or coach earning a Sit-Out under FCSA's Disciplinary Point System (DPS) must sit out the next FCSA match for which they are not already required to sit-out.
- D. Any Sit-Out required for a coach must be served for the team they were coaching when the Sit-Out became required.
- E. It is the responsibility of the coach to submit this completed Sit-Out Verification Form (available on the FCSA website) to the FCSA office within 72 hours following the match the player or coach sat out. It is the responsibility of both the coach and player to insure that a player sits out each game the player is required to sit out. It is the responsibility of the coach to insure that he/she sits out each game he/she is required to sit out. **FAILURE TO COMPLY WITH THESE RESPONSIBILITIES WILL RESULT IN THE FORFEITURE OF THE REQUIRED SIT-OUT MATCH AND MAY RESULT IN ADDITIONAL PENALTIES OR SANCTIONS.**

PLEASE PRINT AND FILL OUT THIS FORM COMPLETELY

Player's Name & Jersey # or
Coach's Name Serving Sit-Out: _____

Team Name _____

Team Age Group _____ Boys _____ Girls _____ Competitive _____ Recreational _____

Sit-Out Match: Date _____ Opponent _____

Ejection Match: Date _____ Opponent _____

Coach/Manager Name _____ Phone _____

By our signatures below we certify that the above named player or coach was identified to the referee by the coach and/or manager and that such player or coach did not participate in the above dated Sit-Out Match. Both the referee for the Sit-Out Match and the Coach/Manager must sign and date this form below.

Referee's Printed Name _____ Date _____

Signature _____

Coach/Manager Printed Name _____ Date _____

Signature _____

This form must be fully completed, signed and sent to FCSA's Office within 72 hours of each Sit-Out Match in order for the named person to received credit for the Sit-out.