



**CASTRO VALLEY  
YOUTH  
SOCCER  
LEAGUE**

2869 Grove Way  
Castro Valley, CA 94546  
Phone: (510) 537-5247  
Fax: (510) 537-9726  
[www.cvsoccer.com](http://www.cvsoccer.com)

---

## **2006-REQUEST TO NOT HAVE A COACH**

***This form must accompany your child's player registration form. It will not be accepted at a later date.***

This form is to be used when requesting that your child not have a particular Division 4 coach. While this request is not encouraged, the League realizes there may be some situations where it is not in the best interest of the child to be playing for a specific coach. This form is for those situations. The League will do its best to accommodate your request, but cannot guarantee it.

Your request to not have a coach is limited to one (1) coach, unless there are at least 8 teams in the age group, in which case your request is limited to two (2) coaches.

**NAME OF PLAYER:** \_\_\_\_\_

**AGE GROUP & GENDER:** \_\_\_\_\_

**COACH'S NAME:** \_\_\_\_\_

**HAS THE PLAYER PREVIOUSLY PLAYED FOR THIS COACH?                      YES                      NO**

**IF YES, WHEN?** \_\_\_\_\_

---

**REASON FOR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_