

EVENT NAME : _____
TEAM INFORMATION SHEET

CLUB: _____ TEAM: _____

AGE/GENDER: _____ STATE: _____

REGISTRATION CHECKLIST

Official Roster Player Passes Permission to Travel* Team Info Sheet

Covid Waiver

COACH NAME: _____ CONTACT NAME: _____

MOBILE: _____ CONTACT MOBILE: _____

COACH EMAIL: _____ CONTACT EMAIL: _____

TEAM HOTEL: _____

Please check the boxes below indicating that you are compliant and understand below requirements:

MEDICAL RELEASES I certify that I am in possession of a medical release form for each rostered player that is signed by the player's parent and/or guardian. (Club / Generic Forms are acceptable)

COVID WAIVERS I certify that I am in possession of a Covid Waiver form for each rostered player that is signed by the player's parent and/or guardian. (Club / Generic Forms are acceptable)

Tournament SCORE-KEEPING: I understand that the winning or the home team if tied, will return a correct score card for each game to the field site coordinator's tent as soon as possible.

Print Name X: _____

Sign Name X: _____

*Permission to Travel Forms only required for USYS Rostered Teams Only. US Club Rostered Teams are not required to have Permission to Travel Forms