

Players Cup 2019 – Team info sheet

TEAM CONTACT INFORMATION

Manager's Name _____

Cell Phone Number _____

MEDICAL RELEASES

I certify that I am in possession of a current medical release form for each rostered player that is signed by the player's parent and/or guardian and will have it available at the field when my team is playing.

TOURNAMENT RULES

I certify that I have read and will abide by the tournament rules and regulations.

By signing my name below, I accept and agree with the above statements.

For forms completed electronically, a typed name shall constitute a signature and agreement with the given statement.

Signature _____

Printed Name _____

Team Name _____ Age Group _____