



AUGUST CUP TEAM INFORMATION SHEET

Club-		Team-		
Flight-		Age Group-		Gender-
REGISTRATION CHECKLIST				
Team Info Sheet	Roster	Player Passes or (proof of age-Rec)	Consent Waiver	Permission to Travel (if required)
CONTACT INFORMATION				
Coach Name:		Team Manager Name:		
Coach Cell #:		Team Manager cell #:		
Coach email:		Team Manager email:		
Acknowledgments				
MEDICAL RELEASES: I certify I am possession of a medical release form for each player on the tournament roster that is signed by the player's parent or legal guardian. (Do not submit medical release forms)				
Print Name:				
Signature:			Date:	
Score Reporting: I agree my team will sign the game score sheet for all games. I understand failure to sign the score sheet will result in acceptance of the score as reported to headquarters.				
Print Name				
Signature			Date:	
Tournament Rules: We (players, coaches, managers, parents, team guest) agree to follow all rules established for the tournament as well as the rules of the Maryland SoccerPlex, including but not limited to: No pets allowed, No smoking, No alcohol, No warming up or playing on closed fields, No warming up in goal mouths of grass fields, no drone photography or videography is permitted, parking is only permitted in designated spaces.				
Print Name:				
Signature:			Date:	
If this form is completed electronically, a typed name in the signature box shall constitute your signature and agreement with each acknowledgment.				