

Team Check-In Procedures

Team Check-In Documents

Team Check-In Documents are required to be submitted if your team is accepted into the tournament and should be uploaded to your GotSport application prior to the check-in deadline on **Friday, October 3, 2025**.

Log into your team registration and select 'edit' next to the REGISTRATION FORM ANSWERS. You can then upload the required documents and click 'save'.

The screenshot displays the GotSport application interface for the "2025 Columbus Day Classic". The top navigation bar is dark blue with the event name on the left and user icons on the right. The main content area is white and contains a list of documents to be uploaded. Each document entry has a title, an "Edit" button (yellow), a "Delete" button (red), and a "Choose File" button. The documents listed are: "Team Check-In Documents", "Official Roster", "Player Passes", and "Team Medical Release". Each document entry also shows "Page: 1" and "No file chosen". At the bottom, there is a confirmation message: "Please confirm that ALL contact information for coaches, managers and primary contacts for this event are accurate and updated. This is very important in case we need to get in touch with your team regarding schedules, changes, updates, ect." with "Edit", "Delete", and "Add Follow Up" buttons.

2025 Columbus Day Classic

Team Check-In Documents Team Check-In Documents are required to be submitted if your team is accepted into the tournament and should be uploaded to your GotSport application prior to the check-in deadline on Friday, October 3, 2025. If some or all your documents are ready to upload now, you may do so below. To add at a later date, log into your team registration and select 'edit' next to the REGISTRATION FORM ANSWERS. You can then upload the required documents and click 'save'. [Edit](#) [Delete](#)

[Choose File](#) No file chosen Page: 1

Official Roster [Edit](#) [Delete](#)

[Choose File](#) No file chosen Page: 1

Player Passes [Edit](#) [Delete](#)

[Choose File](#) No file chosen Page: 1

Team Medical Release [Edit](#) [Delete](#)

[Choose File](#) No file chosen Page: 1

■ Please confirm that ALL contact information for coaches, managers and primary contacts for this event are accurate and updated. This is very important in case we need to get in touch with your team regarding schedules, changes, updates, ect. [Edit](#) [Delete](#) [Add Follow Up](#) Page: 1

Teams may submit a copy of the attached form in lieu of forms as an acknowledgement that their teams has copies of medical release forms on file with them during the tournament.



RIVER SOCCER CLUB
32221 Gum Road
Frankford, Delaware 19945

Medical Release Acknowledgement

By signing this form, I understand that medical releases are required for all players, including any guest players, attending and carried on the roster I submitted to the tournament. Furthermore, I acknowledge that I have a current medical release for any player in my custody and will have them present during the duration of the tournament.

Tournament Name: _____

Print Name: _____

Title: _____

Team: _____

Age Bracket: _____

Players Rostered: _____

Medical Releases: _____

Signature

Date

This form is required for each team and can NOT be used for multiple teams. This form is also not designed to or intended to replace any form of an actual medical release form.