

# 2019 EMBASSY CUP TEAM INFORMATION

PLEASE PRINT LEGIBLY

Club: \_\_\_\_\_ Team: \_\_\_\_\_

Flight: \_\_\_\_\_ Age Group/Gender: \_\_\_\_\_ State: \_\_\_\_\_

## Registration Checklist:

Official Roster       Player Passes       Permission to Travel       Team Info Sheet

## Contact Information:

Coach Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Coach Mobile: \_\_\_\_\_ Manager Mobile: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Manager Email: \_\_\_\_\_

**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 legal guardian.

Print Name X \_\_\_\_\_

Sign Name X \_\_\_\_\_

**MARYLAND SOCCERPLEX LIABILITY WAIVER:** I certify that I will provide signed waivers for every rostered player that is signed by the player's parent and/or legal guardian. Failure to not comply will result in my team's forfeiture of the match.

Print Name X \_\_\_\_\_

Sign Name X \_\_\_\_\_

**SCORE KEEPING/GAME BALL:** I understand that a team official must sign the Game Sheet after each match to verify the score and disciplinary action. Once the Game Sheet is signed I understand that the score and disciplinary record will be considered accurate and final and will not be changed. Failure to sign the Game Sheet before leaving the field will also result in the score and disciplinary action to be considered final.

I understand that I will pick up my team's Game Ball **ONE** hour prior to my first match.

Print Name X \_\_\_\_\_

Sign Name X \_\_\_\_\_

**FIELD MANAGER:** I understand that my team is **REQUIRED** to provide a field manager for my game, if so indicated on the Field Manager Schedule. Failure to not comply will result in the forfeiture of my team's match.

Print Name X \_\_\_\_\_

Sign Name X \_\_\_\_\_