DISCOVERY CUP
TEAM INFORMATION

PLEASE PRINT LEGIBLY

Club: _____ Team:_____

Age Group:_____ 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_____

SCORE KEEPING: 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.

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_____

For electronically completed Forms, a typed name shall constitute a signature