

2024 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 _____