

Team Info Sheet – Alliance Cup

Club: _____ Team: _____

Gender: (circle one) M F Age Group: _____

MEDICAL RELEASE FORMS:

I certify that I am in possession of a medical release form for each rostered player that is signed by the players' parent and/or legal guardian and that I will have them in my possession at each game throughout the length of the event.

Print Name - X _____

Sign Name - X _____ Date: _____

SCORES & DISCIPLINE:

I understand that a team official or representative must sign the Match Report Card after each match to verify the score and any disciplinary actions taken. I understand that once the Match Report Card is signed, the score and disciplinary actions will be considered accurate and final and will not be changed. Failure to sign the Match Report Card before leaving the field will also result in the score and disciplinary action to be considered final.

Print Name - X _____

Sign Name - X _____ Date: _____

LIABILITY WAIVER:

I acknowledge and understand that PA Classics, APL Tournaments, and any owners or operators of field venues are not responsible for any personal injury, loss of property, or damage to any personal property that occurs during the Challenger Invitational. This includes, but is not limited to, all; participants, spectators, relatives of participants, coaches, officials, or anyone associated in any way with the Challenger Invitational. Additionally, I acknowledge and understand that there is an inherent risk associated with parking a vehicle near a sporting event and that PA Classics, APL Tournaments, or anyone associated with these organizations may be held liable for damages that a vehicle may sustain.

Print Name - X _____

Sign Name - X _____ Date: _____