

CASA Mid-State Classic Tournament

Team Information Form

Registration Checklist

Team Information Form

Official Roster

Player Passes

Medical Releases

TEAM INFORMATION

Soccer Club: _____ Team Name: _____

Flight: _____ Age Group & Gender: _____ State Association: _____

(Official Use only)

CONTACT INFORMATION

Primary Contact: _____ Manager Contact: _____

Primary Mobile: _____ Manager Mobile: _____

Primary Email: _____ Manager Email: _____

(Registration Notes:)

MEDICAL RELEASES

I certify that I am in possession of a medical release form for all my rostered and guest players. Each form has been signed by the player's parent and/or guardian.

Print Name: x _____

Sign Name: x _____

GAME CARD

I understand that a Team Official must sign the **Game Card** at the end of each match to verify the score and any disciplinary action. Once the **Game Card** is signed I understand that the score and any disciplinary action will be considered accurate, final, and will not be changed. Failure to sign the **Game Card** before leaving the field will also result in the score and any disciplinary action to be considered final.

Print Name: x _____

Sign Name: x _____

PARKING POLICY

You **MUST** follow all instructions provided by the parking attendants. Failure to do so will result in your loss of parking privileges at the site.

Print Name: x _____

Sign Name: x _____