

# Albion Memorial Cup – Team info sheet

## TEAM CONTACT INFORMATION

Manager's Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

## **MEDICAL RELEASES**

I certify that I am in possession of a current medical release form for each rostered player that is signed by the player's parent and/or guardian and will have it available at the field when my team is playing.

## **Parking Policy**

I understand that my team must follow all instructions provided by the parking attendants and posted signs.

## **TOURNAMENT RULES**

I certify that I have read and will abide by the tournament rules and regulations.

By signing my name below, I accept and agree with the above statements.

For forms completed electronically, a typed name shall constitute a signature and agreement with the given statement.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Team Name \_\_\_\_\_ Age Group \_\_\_\_\_