



**Pre Memorial
May 19-20, 2018
REGISTRATION AFFIRMATION**

CLUB / TEAM

AGE GROUP / GENDER

HOME STATE

ROSTER (Indicate USYS: State / US Club / If other: Specify)

1. I, the undersigned, have the team's registration documents in my possession, I am knowledgeable of their contents, and I am authorized to sign this Affirmation on behalf of the team.
2. I am submitting to the Tournament Committee a copy of our team's official carding Roster, with all add-on, transfer and guest or loan players that will be playing with the team pencilled onto this copy of the roster.
3. For each rostered and guest or loan player that will be playing with the team at this event, I have in my immediate possession at Registration:
 - A valid Player Pass for the current seasonal year, which confirms that the Player is in good standing and is no older than the age group of the bracket the team is playing in.
 - A properly signed and executed Authorization for Medical Treatment ("Medical Release") form.
 - A Permission To Travel Form that covers all players, executed by the governing body that issued the Player Passes the team is using, ONLY if that governing body requires the obtaining of such Permission.
4. This Affirmation is being signed in lieu of individual inspection of these items at Registration, and the Club / Team is responsible for the accuracy of these representations.
5. On behalf of the team, I am affirming that I have been advised by the Tournament Committee that the event has obtained insurance equivalent in coverage to typical policies attached to player passes, covering players at this event only. The Tournament Committee has taken this action in response to on-going changes occurring in youth soccer governing body policies, in order to ensure that players have continuity in coverage. This tournament coverage is secondary to any policies currently in place that provide coverage for the player.

SIGNATURE

DATE

PRINT NAME

BEST MOBILE PHONE# AT EVENT