



JOHN E OUBRE JR MEMORIAL TOURNAMENT

Team Information Sheet



Club: Team:

Age and Gender: State:

Registration Checklist

Official Roster: # of Guests: Total # of players: Team Info Sheet:

Contact Information

Coach Name:	<input type="text"/>	Contact Name:	<input type="text"/>
Coach Mobile:	<input type="text"/>	Contact Mobile:	<input type="text"/>
Coach Phone:	<input type="text"/>	Contact Phone:	<input type="text"/>
Coach Email:	<input type="text"/>	Contact Email:	<input type="text"/>
Staff Notes:	<input type="text"/>		

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 guardian. (they do NOT have to be notarized)

Print Name X	<input type="text"/>	Forms completed electronically DO NOT require a signature. Typed names will constitute a signature and agreement with the given statement
Sign Name X	<input type="text"/>	

SCORE KEEPING

I understand that a referee must sign the Game Sheet after each game to verify the score and disciplinary action. I understand I have 15 minutes after the conclusion of the game to return the game sheet to a tournament official.

Print Name X	<input type="text"/>
Sign Name X	<input type="text"/>

Code of Conduct

I certify that I have read and agree to follow the expectations in the Code of Conduct. I understand that the term 'Coach' shall include, but is not limited to Head Coach, Assistant Coach(s), Manager/Trainer, and/or team representative.

Print Name X	<input type="text"/>
Sign Name X	<input type="text"/>