

Father's Day Fiesta

Team Check in Form

Club: _____

Age and Gender: _____

Team State: _____

Registration Checklist

Official Roster

Team Check in Form

Coach Name: _____

Coach Mobile Phone #: _____

Coach Email: _____

Team Manager Name: _____

Team Manager Mobile Phone #: _____

Team Manager Email: _____

The tournament will not be collecting medical release forms. Coaches of each team are responsible for collecting forms for each player and keeping them throughout the tournament.

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 and will have these medical releases at every game. (Club/ Generic forms are acceptable. The Father's Day Fiesta does not require a specific tournament form)

Print Name: _____

Sign Name: _____