



# South Valley United

## Check-In Agreement SoccerFest 2019

**\*\*Please initial ALL boxes and Sign/Date at the bottom\*\***

I have and will maintain all MEDICAL RELEASES for my team throughout the tournament.

I have proper documents for any "LOAN" or "GUEST" players and will maintain with me for the entirety of the tournament and have available per request.

I understand that a player may play on ONLY ONE team during the tournament.

I understand that I may not add players to the roster after the check-in deadline.

I understand that a spot check-in may be done at any time during the tournament and that failure to provide the documentation I committed to have in my possession will result in a forfeit loss of the specific game.

Team \_\_\_\_\_

Age \_\_\_\_\_

Rep Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Role \_\_\_\_\_