**ACDC Tournament – 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_