



VIRGINIA CANNON CUP TEAM INFORMATION SHEET

Club:

Team:

Age & Gender:

State:

REGISTRATION CHECKLIST

Official Roster:

Player Passes:

Team Info Sheet:

Permission to Travel:

CONTACT INFORMATION

Coach Name:

Primary Contact Name:

Coach Phone:

Primary Contact Phone:

Coach Email:

Primary Contact Email:

RULES & WAIVERS

I certify that as a rostered coach, manager or team official that I have read and understand the following documents and policies of the Virginia Cannon Cup. Full documents and policies can be found at www.vsaonline.org/tournaments.

Tournament Rules:

Failure to abide by tournament rules may result in your team's removal from the tournament without refund and/or your eligibility for future tournaments.

Scorekeeping:

I understand that the winning team is responsible for turning in a signed game card to the site coordinator at the conclusion of each game. In the event of a tie both teams are required to turn in the game card. Failure to do so could result in a delay of scores being updated.

Medical Release Waiver(s):

I certify that a team official is in possession of a current medical release form for each rostered player and guest player that has been signed by the player's parent and/or guardian.

SIGNATURE:

DATE:

****For forms completed electronically, a typed name shall constitute a signature****