2019 Santa Cruz Breackers Spring Cup - Check-in Agreement

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

	I have in my possesion and I will maintain all (signed) 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 I may not add players to the roster after check in. Note: Updates to the roster may be made through the Thursday NOON deadline.
	I understand that failing to adhere to the above commitments will result in my team's disqualification and in forfeit losses of all the games. In addition, I understand that the team will not be entitled to any refund and that the Club/League/Association will be informed of the violation.
	I understand that 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 possesion will result in a forfeit loss of the specific game.

Team _____

Age _____

Rep Name _____

Signatue _____

Date _____

Role _____