



Foothill Classic - Check-in Agreement

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

	I have in my possession and I will maintain all MEDICAL RELEASES, properly signed, for my team throughout the tournament
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	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
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	I understand that players on my team may not play for another team at this tournament regardless of club affiliation or age group
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	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.
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	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.
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	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 possession will result in a forfeit loss of the specific game.
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Team _____

Age _____

Rep Name _____

Signature _____

Date _____

Role _____