



Ohio Premier Eagles Soccer Invitational Team Registration Form

Age Group: _____ Gender: Boys – Girls State Association: _____

Club/Team Name: _____

Coach Name: _____ Coach Cell Phone #: () _____

Team Contact (non coach) Name: _____

Team Contact (non coach) Cell Phone #: () _____

Team Contact/Coach Email: _____

A complete packet (items will not be returned) **must contain the following:**

For teams registering under USYS:

- Team Registration Form
- Copy of your official stamped and validated roster
- Copy of your Guest Roster
- Approved “copy” of your Travel Permit (All teams outside of Ohio South)
- Copy front and back of validated Players’ and Coaches’ Cards (must match roster and guest player roster)
- Original Liability Waiver Form signed by every player’s parent/guardian and coach (including guest players and coaches)
- Hotel Form

For teams registering under US Club Soccer:

- Team Registration Form
- Copy of your CURRENT roster (no more than a week old)
- Copy front and back of validated Players’ and Coaches’ Cards (must match roster and guest player roster)
- Original Liability Waiver Form signed by every player’s parent/guardian and coach (including guest players and coaches)
- Hotel Form

YOU MUST HAVE MEDICAL RELEASE FORMS FOR EACH PLAYER WITH YOU AT ALL TIMES DURING THE TOURNAMENT. YOU DON’T HAVE TO SEND COPIES.

Two ways to register your team:

Scan and send via email to OPEaglesInviteReg@gmail.com or mail all documents to Nicole Cobb 3537 Juniper St, Grove City, OH 43123

All documents must be received by 9/10/2010

Please note: Player and Coach Cards will be checked at the field prior to each game.



Ohio Premier Eagles Invitational 2010

Liability Release Form

Team Name _____ **Division** _____

In consideration of the furtherance of your purposes, objectives and aims, and in consideration of your permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the Ohio Premier Girls Soccer club, Dublin Soccer League, City of Dublin, as well as any other person, sponsors, organization or corporation, their heirs, executors, administrators, and assigns who are providing services or assistance as a result thereof.

Players must have the release form signed by a parent or guardian.

<u>PLAYER NAME</u>	<u>PARENT/GUARDIAN SIGNATURE</u>	<u>DATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

COACH NAME/SIGNATURE _____

COACH NAME/SIGNATURE _____



OP EAGLES INVITATIONAL HOTEL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone you can be reached at during tournament: _____

Email: _____

Club: _____

Gender: Boys or Girls (please circle one)

Team Name: _____

Age Group: _____

HOTEL STAYING AT: _____

NUMBER OF ROOMS: _____