

NORTH CENTRAL 4v4 TEAM ROSTER



TEAM NAME: _____

Team Contact (Adult): _____

Cell: _____

Email: _____

Age: U14 U17

GENDER: BOYS GIRLS

Paid in Full:

#	Last Name	First Name	Birth date	Med. Release
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Team Roster Size: 4 - 6 Players

Age Restrictions: Must be at or younger then the chosen age bracket on or before the tournament date. Players 12 - 14 play U14. Players 15 - 17 play U17. No 11's and no 18's.

Age Verification: Tournament directors will ask for age verification if a team or player appears to be in violation. If a player is found to be illegal, the team will be disqualified without refund. So don't cheat.

Playing up: There is no playing up beyond our designated age brackets.

Check in: Complete and present this form along with medical releases for all players on the roster. Tournament directors will verify forms and payment. **No player cards necessary. One payment** must be made for the entire team by check or by online payment. We will not allow players to check in individually.