

Davis Legacy Tournament Agreement Sheet



**Please check boxes and sign at the bottom.*

- I have and will maintain all MEDICAL RELEASES for team throughout the tournament I have proper documents for any players and will maintain with me for the entirety of the tournament and have available upon request of the tournament officials.
- I understand that players on my team may not play for another team at the tournament REGARDLESS OF CLUB AFFILIATION, AGE GROUP or FLIGHT.
- I understand I may not add players to my roster after the check in deadline.
- I have all required loan documents for any players that are loaned from other clubs.
- I will inform my parents that ALL FIELDS are closed at halftime, please do not allow your parents or non team personnel on the fields before, halftime or after the match.
- I understand the “away” team is responsible for changing jersey’s if there is a conflict (designated 2nd on the schedule).
- I understand the check in deadline is 5:00 pm the day before our first match.

Team: _____

Age Group: _____

Signature: _____

Role: _____