

Team Info Sheet – Hempfield Fall Classic

Please complete, **save to your device**, then upload in GotSport with the other documents required for team check-in.

Club Name:

Team Name:

Gender: Check One: M

F

Age Group:

Coach Name:

Name of person completing this form:

Mobile phone for person completing this form:

MEDICAL RELEASE FORMS:

I certify that I am in possession of a medical release form for each rostered player that is signed by the players' parent and/or legal guardian and that I will have them in my possession at each game throughout the length of the event.

SCORES & DISCIPLINE:

I understand that a team official or representative must sign the Match Report Card after each match to verify the score and any disciplinary actions taken. I understand that once the Match Report Card is signed, the score and disciplinary actions will be considered accurate and final and will not be changed. Failure to sign the Match Report Card before leaving the field will also result in the score and disciplinary action to be considered final.

SAFETY AND CONDUCT GUIDELINES DOCUMENT:

I have read, understand, and agree to follow all content included in the Hempfield Fall Classic Safety Document [linked here](#), and I will share the document link with my team.

E-WAIVER:

This document is available on the tournament website home page, via the “Team Check-in | Waivers” tab of the left side menu bar.

I certify that every player, coach, and manager for this team who is attending this event will complete the online, e-signature “Hempfield Fall Classic Player / Coach / Manager Waiver Form” by the start of the tournament weekend this team is participating in.

(Parents/Spectators do not need to complete this form) I further certify that all forms for minors participating in the Hempfield Fall Classic have been signed by a parent or legal guardian.

Your electronic signature below (after the “s/” below) indicates that you have read this release and waiver, fully understand its terms, and consent to be bound.

Please enter your First and Last Name S/:

Date:

Remember to **save** completed form to your device or computer or document form will be blank.