Coaches and Managers,

The Ukrainian Nationals want to thank you for choosing to play in the Columbus Cup Tournament!

By signing this document you are confirming that all your players, including guest players, are registered with your state association, e.g. EPYSA or its US Youth Counterparts from another state, that your team is properly rostered with your State Association, that all players otherwise comply with all applicable EPYSA/ US Youth rules and Ukrainian National Columbus Cup Registration Requirements. You are also stating that you have in your possession the appropriate player passes, roster and medical releases for verification. You are also attesting that all players’ birth dates, including guest players, fall within our published guidelines for age divisions.

PLEASE NOTE THAT ANY VIOLATIONS OR MISREPRESENTATIONS WILL RESULT IN AN AUTOMATIC FORFEIT WITH NO MONIES REFUNDED.

**REFEREES AND TOURNAMENT OFFICIALS RESERVE THE RIGHT TO CHECK PASSES PRIOR TO THE START OF ANY GAME.**

**COACHES PLEASE HAVE PASSES ON YOUR SIDELINES.**

Please sign and date below:

Gender: M / F Age Group: U- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passes Being Used (EPYSA/USYS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach/manager and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_