

# West Deptford Tournament Team Check In Form

Team Name \_\_\_\_\_

Coach Name/Cell Phone \_\_\_\_\_

Contact Name/Cell Phone \_\_\_\_\_

## Medical Releases:

I certify that I am in possession of a medical release form for each player approved to play in the West Deptford Tournament and that form is signed by each player's parent/guardian.

X \_\_\_\_\_

## Rules:

I certify that I have read the tournament rules and am responsible for my teams' compliance with published rules. All spectators, players, and coaches are expected to respect the tournament rules, facility rules, and any applicable local, state, and federal laws. **The Tournament prohibits the use, consumption or presence of any alcohol and tobacco products at any tournament sites.** This will be strictly enforced throughout the weekend. Team coaches and managers are responsible for ensuring compliance the Tournament rules and appropriate sideline behavior. Any violators will be reported to the Tournament Directors and teams violating the rules including the prohibition on alcohol and tobacco will be subject to expulsion from the tournament at the discretion of the Tournament Directors.

X \_\_\_\_\_