

Thriller Classic Soccer Tournament

Presented by OV Toros FC

**** Please initial ALL boxes and Sign/Date at the bottom ****

- ☐ I have in my possession and will maintain all (signed) MEDICAL RELEASES for my team throughout the tournament.
- ☐ I have proper documents for any "LOAN" or "GUEST" players and will maintain with me for the entirety of the tournament, and have available per request.
- ☐ I understand that I may not add players to the roster after check in. Note: Updates to the roster may be made until NOON two days before the tournament starts.
- ☐ I understand that failing to adhere to the above commitments will result in my team's disqualification and forfeit of all games for the team. In addition, I understand that the team will not be entitled to any refund, and that the Club/League/Association will be informed of the violation.
- ☐ I understand that spot checks may be done at any time during the tournament and that failure to provide the documentation that I committed to have in my possession will result in a forfeit of the specific game and possible disqualification from the tournament.

Team _____

Age _____

Representative Name _____

Signature _____

Date ____/____/____

Role _____

Check-in Agreement