



**UNION COUNTY SPRING KICK OFF TOURNAMENT  
MARCH 13-15, 2020  
REGISTRATION AFFIRMATION**

1. I, the undersigned, have the team's registration documents in my possession, I am knowledgeable of their contents, and I am authorized to sign this Affirmation on behalf of the team.
2. I am submitting to the Tournament Committee a copy of our team's official carding roster, with all add-on, transfer and guest or loan players that will be playing with the team penciled onto this copy of the roster.
3. For each rostered and guest or loan player that will be playing with the team at this event, I have in my immediate possession at Registration:
  - a. A valid Player Pass for the current seasonal year, which confirms that the Player is in good standing and is no older than the age group of the bracket the team is in.
  - b. A properly signed and executed Authorization for Medical Treatment form.
  - c. A Permission to Travel form that covers all players, provided by the governing body that issued the player passes the team is using, ONLY if that governing body requires such form.
4. This Affirmation is being signed in lieu of individual inspection of these items at Registration, and the Club/Team is responsible for the accuracy of these representations.
5. Any insurance held by SPF SOCCER CLUB, Inc. and/or Full 360 Soccer Events is secondary coverage to any policies currently in place that provide coverage for the player.
6. SPF SOCCER CLUB, Inc. regularly photographs and records video/audio of its events, facilities, attendees and participants for promotional purposes. By registering for and attending this event, you and any dependents under your care agree to abide by our policies.

---

**CLUB / TEAM**

---

**SIGNATURE**

---

**AGE GROUP / GENDER**

---

**PRINT NAME**

---

**HOME STATE**

---

**DATE**

---

**ROSTER** (Indicate USYS: State/US Club/If other, specify)

---

**BEST CELL PHONE # AT EVENT**