

**Club Ohio  
Nike Challenge Cup 2016  
Registration Checklist**

<b>TEAM NAME</b>	
<b>AGE GROUP</b>	
<b>BOYS</b> <b>GIRLS</b>	
<b>COACHES NAME</b>	
<b>TEAM CONTACT NAME</b>	
<b>CELL PHONE</b>	
<b>EMAIL ADDRESS</b>	

**Please check the following in your team's registration packet:**

<p><b>Team Roster:</b> approved by your state association or US Club Soccer. One copy must be turned in with registration documents. Always have one on hand at the fields. Foreign teams <b>MUST</b> provide a stamped roster from their governing association.</p>	<p><b># of Players on Roster:</b> _____</p>
	<p><b>Max. # of players</b>      <b>6v6 = 13</b>  <b>8v8 = 15</b>  <b>11v11 = 18(22 for U17-U19)</b></p>
<p><b>Guest Player Roster:</b> must be approved by your state association if a USYS roster. Please consult your state association Web site. For US Club, please give us a copy of the player loan form.</p>	<p><b># of Guest players:</b> _____  <b>**Maximum of 4**</b></p>
<p><b>Player &amp; Coach Cards:</b> Each rostered player, guest and coach must have a state association or US Club approved player card.</p>	<p><b>*****If using email registration – please provide a copy of the card – FRONT AND BACK, even if the back is blank*****</b></p>
<p><b>Travel Permit:</b> Teams outside Ohio South Youth Soccer Assoc. must submit an approved TEAM Travel Authorization/Permit from their home state association. Please consult your state assoc. Web site.</p>	<p><b>**Not Required for US Club rostered teams</b>  <b>***Please note these are not parent permission forms, but team permission forms.</b></p>
<p><b>Medical Release Forms:</b> Each player must have a medical release form in case of injury. It does not have to be notarized. Please confirm that you have one for each player.</p>	<p>*Please note this does not need to be presented for registration. Rather, it's important to have if needed.</p>
<p><b>Foreign Teams:</b> A completed form from their Provincial or National Association approving the team's request to participate in the event.</p>	
<p><b>Soccer First Waiver:</b> Please complete with parent signatures</p> <p><b>REQUIRED FOR ALL TEAMS PLAYING 11 v 11!!!</b></p>	<p>All teams playing 11 v11 must complete this waiver!</p>
<p><b>Ohio Concussion Law Acknowledgement:</b> ALL carded coaches participating in the tournament must PRINT and SIGN their names in the box to the right stating that he/she has been trained to recognize concussions and is aware of the concussion legislation in Ohio.</p>	

