



Blue Ridge Cup

Soccer Tournament Team Information Sheet

Club: _____

Team: _____

Age and Gender: _____

State: _____

Registration Checklist

Official Roster: ____ Player Passes: ____ Permission to Travel: ____ Team Info Sheet ____

Contact Information

Coach Name: _____

Team Manager: _____

Coach Mobile: _____

Manager Mobile: _____

Coach Email: _____

Manager Email: _____

Medical Releases:

I certify that I am in possession of a medical release form for each rostered player that is signed by the player's parent and/or guardian.

Print Name X _____

Sign Name X _____