

Hazlet United Soccer Association PO BOX 331 Hazlet NJ 07730

Hazlet Columbus Day Classic Acknowledgment Form

Team Information

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| --- | --- |
| Club | Team |
| Age/Birth Year | Gender |

Contact Information

|  |  |
| --- | --- |
| Coach Name | Additional Contact Name |
| Coach Cell | Additional Contact Cell |
| Coach Email | Additional Contact Email |

Medical Releases / Player Passes

I certify that I am in possession of a valid player pass and Medical Release for each player on my official league roster and

tournament roster including guest players. All medical release forms are signed by the player's parent or legal guardian.

NOTE: Player passes will be checked and compared to Tournament Roster. NO PASS NO PLAY and IF the player is not

On the TOURNAMENT ROSTER, THAT PLAYER WILL NOT BE ALLOWED TO PLAY.

|  |  |
| --- | --- |
| Coach / Team Representative Signature | Date |

Coach’s Code of Conduct

I pledge, to the best of my ability, I will strive to perform the following while participating in the Hazlet Columbus Day Classic:

* Always serve as a positive role model, on and off the field
* Always play by the letter and the spirit of the rules of the game
* Always adhere to the operating guidelines established
* Always be positive, honest and fair in all aspects of my coaching responsibilities
* Always conduct myself in accordance with the true spirit of Good Sportsmanship

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| --- | --- |
| Coach / Team Representative - Print Name | Coach / Team Representative Signature |