

TEAM CONTACT FORM

Official Team Name: _____

Birth Year of Participants: _____

Boys/Girls: _____

Contact Person: _____

Contact Telephone Number: _____

Email Address: _____

Hotel (if applicable): _____

Please sign and date this form acknowledging that you have medical liability waivers for all participants for the above team in your possession. These forms need to be present at all games.

Name/Signature: _____

Date: _____