# Max Shacknai Invitational – Team Acknowledgement Sheet

## MEDICAL RELEASES

I certify that I am in possession of a current medical release form, i.e. dated after May 1, 2025, for each rostered player that is signed by the player's parent and/or guardian and will have it available at the field when my team is playing.

## PASSES

I certify that each player on the roster and coach has a valid and current 2025-2026 pass issued by USCS, USYS, AYSO, or MLS Youth. I also agree that said passes will be carried with the team for the duration of the tournament and will be available for presentation at any time.

## PARKING POLICY

I understand that my team must follow all instructions provided by parking attendants, facility representatives, tournament representatives, facility security, and posted signs. Parking is allowed in designated spaces only.

Vehicles will be ticketed and/or towed if parked along curbs or outside of designated parking spaces.

## TOURNAMENT RULES, ETC.

I certify that I have read and my team will abide by the tournament rules and regulations. Additionally, I understand and agree that a player with a current season pass **must be** officially listed on the official game card (Scorecard) to play in a match. If a player is not listed on the official game card (Scorecard), even though the player may have a pass, that player can not play.

If a player has been issued a red card or has been determined to have suffered a potential head injury/concussion by medical staff, the respective pass(es) will be turned into the headquarters tent at the site of the occurrence and that/those player(s) cannot participate in the tournament until the red card suspension has been served or medical clearance by a Medical Doctor (MD) or Doctor of Osteopathy (DO) releasing the player(s) to full athletic participation without restrictions has been given in writing to the tournament headquarters tent. Playing a player in a match that has not served their suspension or a player that has not received medical clearance by a Medical Doctor (MD) or Doctor of Osteopathy (DO) releasing the player to full athletic participation without restrictions will result in the team's disqualification in the tournament and notification of such to the team's State governing organization.

**By signing my name below, I accept and agree, for myself and my team, with the above statements and will communicate this information to my team, my team's administrators, and my team's parents for their understanding and compliance.**

For forms completed electronically, a typed name shall constitute a signature and agreement with the given statement.

**TEAM CONTACT INFORMATION**

Team Name _____

Team Manager's Name _____

Team Manager's Cell Phone Number_____

Signature _____

Printed Name _____ Title _____

Team Name _____ Age Group _____