

CLASH OF GIANTS 3v3 TOURNAMENT ROSTER VERIFICATION FORM



TEAM NAME: _____

BOYS/GIRLS
Circle One

AGE DIVISION _____

We hereby verify that the roster we submit for the **CLASH OF GIANTS 3v3 TOURNAMENT** contains all players who will participate in the **CLASH OF GIANTS 3v3 TOURNAMENT** Event, all players who are registered with some USSF affiliate (USYSA or US Club Soccer), and that all players are in good standing with the State Association of their registered affiliation, and meet the age requirements of our team's division in the **event (based on age division chart below)**. I accept responsibility for leadership of my team's sportsmanship and gamesmanship. My team understands and I acknowledge on their behalf that the event does NOT PROVIDE INSURANCE of any kind for players, and I attest that the participants on my team are fully aware.

TEAM OFFICIAL (print) _____

TITLE: _____

TEAM OFFICIAL SIGNATURE _____

DATE _____

AGE DIVISIONS USED BY USSF WILL APPLY. TEAM AGE WILL BE DESIGNATED BY OLDEST PLAYER ON TEAM. IF YOU NEED TO SEE AN AGE CHART PLEASE ASK AN EVENT DIRECTOR.

TEAM ROSTER FOR TEAM NAME: _____

Player #1 _____ DOB _____

Player #2 _____ DOB _____

Player #3 _____ DOB _____

Player #4 _____ DOB _____

Player #5 _____ DOB _____

Player #6 _____ DOB _____