	1.	I, the undersigned, have the team's registrat of their contents, and I am authorized to sig	ion documents in my possession, I am knowledgeable n this Affirmation on behalf of the team.
	2.	I am submitting to the Tournament Commit all add-on, transfer and guest or loan player copy of the roster.	tee a copy of our team's official carding Roster, with s that will be playing with the team pencilled onto this
EUP	3.	For each rostered and guest or loan player t my immediate possession at Registration:	hat will be playing with the team at this event, I have in
		A valid Player Pass for the current sear good standing and is no older than the	sonal year, which confirms that the Player is in age group of the bracket the team is in.
		A properly signed and executed Autho	rization for Medical Treatment form.
EDP			ers all players, provided by the governing body that ing, ONLY if that governing body requires such Form.
WINTER SHOWCASE	4.	This Affirmation is being signed in lieu of i the Club / Team is responsible for the accur	ndividual inspection of these items at Registration, and acy of these representations.
EDP WINTER SHOWCASE NJ 2024 16U-17U GIRLS	5.	participants for promotional purposes. As a attending any EDP Soccer event; you agree parents, families (including any minors/dep	ords video/audio of its events, facilities, attendees, and representative of your team, by registering for and to our policies, and to inform your team staff, players, endents under their care), and spectators that they must to <i>EDP Photo/Video/Audio Policies</i> at <u>http://</u> details.
Saturday February 10 17U-19U BOYS Sat & Sun February 17 & 18 REGISTRATION AFFIRMATION	6.	municate with all participants. As a represent any EDP Soccer event; you agree to our pol families (including any minors/dependents)	and your team to use to operate its events and com- ntative of your team, by registering for and attending licies, and to inform your team staff, players, parents, under their care), and spectators that they must agree to <i>DP Privacy Policy</i> at <u>https://www.edpsoccer.com/</u>
CLUB / TEAM	7.	events. As a representative of your team, by you agree to our policies, and to inform you minors/dependents under their care), and sp	ayments, cancellations, credits, and refunds for all of its registering for and attending any EDP Soccer event; r team staff, players, parents, families (including any ectators that they must agree to abide by our policies. <i>lits Policies</i> at <u>https://www.edpsoccer.com/policies/</u>
	8.	EDP Soccer events will follow all local, sta	te, and federal government health guidelines, as well as tocols. By registering for and attending EDP Soccer
AGE GROUP / GENDER		events, all participants and their entourage a	agree to comply with these requirements.
HOME STATE			
	SIG	NATURE	DATE
ROSTER (Indicate USYS: State / US Club / If other: Specify)	PRI	NT NAME	BEST MOBILE PHONE# AT EVENT