

REGISTRATION AFFIRMATION

EDP Maryland Futsal State Cup 2024

BOYS: January 6-7 GIRLS: January 13-14

CILIR / TEAM NAME

AGER GROUP / GENDER

HOME STATE

TE

PR

DATE

ROSTER TYPE (Indicate USYS State Association or US Club Soccer, if other please specify)

- 1. I, the undersigned, have the team's registration documents in my possession, I am knowledgeable of their contents, and I am authorized to sign this Affirmation on behalf of the team.
- 2. I am submitting to the Tournament Committee a copy of our team's official carding Roster, with all add on, transfer, and guest or loan players that will be playing with the team written onto this copy of the roster.
- 3. For each rostered and guest or loan player that will be playing with the team at this event, I have in my immediate possession at Registration:
 - A valid Player Pass for the current seasonal year, which confirms that the Player is in good standing and is no older than the age group of the bracket the team is in.
 - A properly signed and executed Authorization for Medical Treatment form.
 - A Permission to Travel Form that covers all players, provided by the governing body that issued the Player Passes the team is using, ONLY if that governing body requires such Form.
- 4. This Affirmation is being signed in lieu of individual inspection of these items at Registration, and the Club / Team is responsible for the accuracy of these documents and representations.
- 5. EDP Soccer regularly photographs and records video/audio of its events, facilities, attendees, and participants for promotional purposes. As a representative of your team, by registering for and attending any EDP Soccer event; you agree to our policies, and to inform your team staff, players, parents, families (including any minors or dependents under their care), and spectators that they must agree to abide by EDP Soccer policies. Please refer to EDP Photo/Video/Audio Policies at www.edpsoccer.com/photovideopolicy for details.
- 6. EDP Soccer collects information about you and your team to use to operate its events and communicate with all participants. As a representative of your team, by registering for and attending any EDP Soccer event; you agree to our policies, and to inform your team staff, players, parents, families (including any minors or dependents under their care), and spectators that they must agree to abide by EDP Soccer policies. Please refer to the EDP Privacy Policy at www.edpsoccer.com/privacy-policy for details.
- 7. EDP Soccer maintains policies regarding payments, cancellations, credits, and refunds for all its events. As a representative of your team, by registering for and attending any EDP Soccer event; you agree to our policies, and to inform your team staff, players, parents, families (including any minors/dependents under their care), and spectators that they must agree to abide by EDP Soccer policies. Please refer to the EDP Payments and Credits Policies at www.edpsoccer.com/policies/payments-and-credits-policy for details.
- 8. EDP Soccer events will follow all local, state, and federal government health guidelines, as well as all State Soccer Association and facility protocols. By registering for and attending EDP Soccer events, all event participants and their spectators agree to comply with these requirements.

AM REPRESENTATIVE SIGNATURE	=EDP
INT NAME	

MOBILE PHONE