



**2018 SOUTH COUNTY SEASIDE CLASSIC SOCCER
TOURNAMENT**

Name of guest player: _____

Gender: _____ Date of Birth _____

Name/Age division of Guest Team _____

Guest Coach Name, Cell# _____

Email of Guest Team Coach _____

I hereby certify that the above named player is a member in good standing in his/her team of record and that he/she is in possession of a valid and current player card and medical release for this tournament.

Guest Coach (or designee) Signature _____

Date: _____