



**2019 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: \_\_\_\_\_