



Coastal Summer Challenge 2010  
Seacoast United Maine SC



**REGISTRATION SIGN-OFF**

Age/Gender:

Club:

Coach:

Contact Cell #:

Email address:

Team Manager:

Contact Cell #:

Email address:

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- I have medical release forms for all participating players.
  - All players are age appropriate for the bracket of play.
  - All players have player passes.
  - I have received the team schedule and know when and where the games are scheduled.
  - I have read and understand the rules and regulations of the Coastal Summer Challenge.
  - I understand it is the coach's obligation to know if the team has qualified for the play-offs.

Check in representative (if not the coach):

Signature of team representative: