

# adidas BLUE CHIP SHOWCASE TOURNAMENT

## REGISTRATION CHECK LIST

Team Name: \_\_\_\_\_

State: \_\_\_\_\_

Roster (validated by their state) copy for file: \_\_\_\_\_

Guest Roster copy for file: \_\_\_\_\_

Travel Permit (all teams outside OSYSA) for file: (not required if US Club Soccer Roster) \_\_\_\_\_

Players and Coaches Cards: \_\_\_\_\_

Indemnity Form signed by all for file: \_\_\_\_\_

AIA Indemnity Form signed by all for file: \_\_\_\_\_

Medical Authorizations: \_\_\_\_\_

Programs: \_\_\_\_\_

Notified of Hotline # (513) 981-0913: \_\_\_\_\_