

TOURNAMENT REGISTRATION & TEAM CHECK-IN

Thank you for registering for the 2024 Kingdom Cup! We are looking forward to a great tournament and want to be sure that everyone is prepared as we approach the date. Here are the details you will need to make sure everything is complete.

ONLINE: We will accept Online registration until September 1st. All required documents can be uploaded to GotSport by logging in and clicking on Team Registrations → Kingdom Cup → Registration → Edit → Then Upload under fields. Example: Team Information Sheet (Choose File)

Upload Deadline: All Documentation must be uploaded by Wednesday September 13th by 5pm.

*****There will be NO team check-in at the fields!!***

ALL TEAMS NEED THE FOLLOWING PAPERWORK FOR CHECK-IN

1. **Team Information Sheet** completely filled out - **Form Attached**
2. Player, Coach, Team Manager valid cards with a photograph for each player provided by your team's Fall 2024 League (must have league signature).
3. Risk management for all coaches and team officials that will be on the player sidelines
4. Official 2024 Fall Team Roster - 1 copies needed
5. Permission to Travel - If team is from outside of Michigan or US Club Soccer team
6. Medical release forms - Each player needs a Medical Release form from their state organization signed by parent or guardian. If US Club Soccer team, need the US Club Soccer Medical Release. (We do not collect this, but must have it if asked)
7. Tournament liability release form must be signed by each player's parent/guardian. **(Tournament Waiver and Release of Liability Form Attached)**
8. Guest player paperwork and approval (if applicable) - Players from within your own club do not have to have a Guest Player Form but the **MUST** have a copy of the Official League Roster for Fall 2024. Guest Player Form and Instructions How to Submit Guest Player Form can be found at the following link:
<http://www.michiganyouthsoccer.org/AssetFactory.aspx?did=4096>
9. Concussion Policy -MSYSA coaches may only provide the CDC Heads-Up Concussion Certificate. All other coaches may provide the CDC Heads- Up-Concussion Certification or the NFHS Concussion in Sports Certification. Team must be able to provide the Michigan department of Community Health/CDC Parent and Athlete Concussion Information Sheet for each player attending the tournament. **(Player Concussion Form Attached)**

NON MSYSA REGISTERED TEAMS - US Club Soccer Registered Teams

- Risk management - Approved Risk Management Certification from US Club Soccer
- Permission to Travel - The approved roster printed from the US Club Soccer player registration system is 'proof of travel' approval from US Club Soccer.
- Medical release forms - Medical release forms must be signed by the parent or guardian of each player. The US Club Soccer Medical Release is needed for each player.

All other USSF affiliated teams registered or teams outside of Michigan (other state associations)

- Risk management cards - Each organization's equivalent to a risk management card must be shown for all coaches and team officials that will be on the player sidelines
- Permission to Travel - All USYSA teams traveling from outside Michigan must provide appropriate travel documents approved by their State Soccer Association.
- Medical release forms - Medical release forms from the team's state organization must be signed by the parent or guardian of each player.

NOTE: TEAMS ARE NOT ALLOWED TO MIX USYSA (MSYSA) AND US CLUB SOCCER PAPERWORK TO REGISTER.



20 24 Kingdom Cup TEAM INFORMATION SHEET



AGE GROUP		GENDER	
TEAM NAME			
Coach Name		Coach Phone	
Manager Name		Manager Phone	
HOTEL (if applicable)			
Please Circle ONE	MSYSA	US CLUB	USYSA <small>(Out of State)</small>
			FOREIGN <small>(International)</small>
Guest Players*	No _____ Yes _____ # Guest Players _____ # Guest Roster(s) _____ <small>*Only players from outside club are considered guest players</small>		

Please complete the form above and hand this form in at check-in. You must have the following documents for check-in based on the requirements for the organization in which your team is affiliated. Please refer to the Tournament Registration & Team Check-In for details.

OFFICE USE ONLY:		NOTES:
Player Pass Cards <small>(Verified)</small>	<input type="checkbox"/>	
Coach / Assistant / Manager Pass Cards <small>(Verified)</small>	<input type="checkbox"/>	
Risk Management Coaches / Manager * <small>(Proof coaches/managers can work w/ kids)</small>	<input type="checkbox"/>	
Official Team Roster <small>(Fall 2024 League Roster - Including Guest Players with league signature)</small>	<input type="checkbox"/>	
Permission to Travel * <small>(From Teams State Organization)</small>	<input type="checkbox"/>	
Medical Release Forms * <small>(Notarization NOT Required, keep with team manager)</small>	<input type="checkbox"/>	
Tournament Roster / Liability Release <small>(Alphabetical Order with PARENT Signatures)</small>	<input type="checkbox"/>	
Guest Player Form (If Applicable) <small>(Official Fall 2024 League Roster for players within your club.)</small>	<input type="checkbox"/>	
Player & Parent Signed Concussion Forms <small>(With team manager)</small>	<input type="checkbox"/>	
Coach Concussion Certificate <small>(CDC Heads Up or NFHS Certificate)</small>	<input type="checkbox"/>	

*These items have different requirements for different organizations. Please refer to the Tournament Registration & Team Check-In.

Tournament Waiver and Release of Liability

In consideration of being allowed to participate in the Tournament and related events and activities, we the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in the activities that involve risk of serious injury.
2. Assume all foregoing risk and accept personal responsibility for the damages following such injury
3. Release, waive, and covenant not to sue the Kingdom Cup, Crusader Cup, Kingdom Soccer Club, Kingdom Indoor Center, LLC., ReThinkSoccer, LLC., West Michigan Youth Soccer Association, Michigan Youth Soccer Association, River Oaks County Park, Kalamazoo County, Kalamazoo County Parks and Recreation, Gull Lake Community Schools, Galesburg Community School, Kalamazoo Community Soccer Complex, Ramona Park, Borgess Health and Fitness, or any other site locations for the tournament any and all officials of the park, county, and tournament from demands, losses, or damages on account of injury incurred as a result of participation in the activities in the Tournament, including travel from said tournament.

Team Name:		Age & Division:	
	<u>Coach / Assistant / Manager Printed Name</u>		Coach / Assistant / Manager Signatures
Coach			
Assistant			
Assistant			
Manager			
	Printed Name Alphabetically (Last Name, First Name)	Jersey #	Signature of Parent or Legal Guardian of any players under the age of 18
	PLAYERS:		
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