

TEAM CHECK IN FORM

TEAM NAME: _____

AGE GROUP: _____

<input type="checkbox"/> ROSTER	Bring 2 copies of the roster. Guest player forms (if applicable)
<input type="checkbox"/> RELEASE OF LIABILITY	Each player is to submit a signed release of liability.
<input type="checkbox"/> PLAYER MEDICAL WAIVERS	From your local organization or state. Does not have to be notarized
<input type="checkbox"/> PLAYER CARDS	Matching names on rosters
<input type="checkbox"/> AUTHORIZED TRAVEL PAPERS	If out of state teams
<input type="checkbox"/> Coaches Packet Issued	If applicable by WYSA
<input type="checkbox"/> Schedule Changes	If applicable by WYSA

IN CASE OF EMERGENCY TEAM CONTACT IN WATERTOWN

NAME: _____

PHONE#: _____

CELL PHONE#: _____

HOTEL INFORMATION (IF APPLICABLE)

HOTEL NAME: _____ ROOM: _____

HOTEL PHONE#: _____

NUMBER OF HOTEL ROOMS OCCUPIED BY YOUR GROUP: _____

COACH/TEAM MANAGER SIGNATURE: _____

WYSA REGISTRATION STAFF SIGNATURE: _____

TEAM CHECK IN will be at the Watertown High School Gymnasium lobby area.

BRING ALL DOCUMENTS REQUESTED ABOVE AT THE TIME OF CHECK IN