

2024 CESA Fall Challenge **Player Liability & Parent Conduct Form**



Age Group: _____ Boys/ Girls

Team Name: ______

Contact Name & Phone #:

PARENT AUTHORIZATION, MEDICAL **RELEASE & CODE OF CONDUCT**

I, the parent or legal guardian of the child. whose name is listed on the same line as my signature, hereby gives approval for his/her participation in tournament activities as a member of the abovenamed team. I assume all risk and hazards incidental to such participation including transportation to and from all activities, and do hereby waive, release, absolve and indemnify and agree to hold harmless the Carolina Elite Soccer Academy, Greenville County Recreation District, Adidas, Certified Athletic Trainers from Bon Secours Health. I also grant permission to managing and/or coaching personnel or the tournament officials to authorize or obtain medical care and treatment from Bon Secours Health's Certified Athletic Trainers, including major surgery deemed necessary by a licensed physician should the child become ill or injured while participating in tournament activities away from home, or at other times when neither parent nor legal guardian is available to grant permission for emergency treatment.

I, THE PARENT OR LEGAL GUARDIAN OF THE CHILD, WILL NOT ADDRESS THE REFEREE DURING THE GAME. The only exception is pointing

out emergencies or safety issues. After the completion of the game, I may politely ask for the referee to explain the rules surrounding a call made during the game. I will not coach from the touchline. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials. I will treat other players, coaches, fans, and officials with respect. During games, I will stay at least three feet from the touchline and completely away from the area behind the goal and the player/coach touchline. I will encourage fair play. I will not bring alcohol or illegal drugs inside the soccer complex. I will not use profanity around players, fans, and officials. I agree that I will not bring any pets to the tournament complexes.

	Player's First & Last Name Alphabetical order as it appears on the roster	Parent's Signature
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.
7.		7.
8.		8.
9.		9.
10.		10.
11.		11.
12.		12.
13.		13.
14.		14.
15.		15.
16.		16.
17.		17.
18.		18.
19.		19.
20.		20.
21.		21.
22.		22.

CHECK-IN PROCESS: ALL required documents must be sent in a single email to cesacheckin@gmail.com by Nov 12th

- 1) On the email subject line, type in the team's age group & full name as submitted on the tournament registration.
- 2) On the email body include the name(s) of any players that show on the roster BUT are not playing in the tournament.
- 3) Attach player card copies for each tournament participating player and coach(es).
- 4) Attach a copy of the completed/signed Player Liability & Parent Conduct Form (this form).
- 5) Attach a copy of your team's official state certified/ stamped roster OR If you are taking club pass (guest) players, include a copy of your team's official state certified/ approved tournament guest player roster.
- OUT OF STATE TEAMS: Attach a copy of your state certified/ approved permission to travel documents, including the 6) approved travel roster.