



HAUNTED CLASSIC 2020 TEAM INFORMATION

Please be sure that all information for coaches and administrators is updated and accurate in your team's registration account.

Please submit to the appropriate email address listed below

GIRLS - Hcgirls7v7@gmail.com

Hcgirls9v9@gmail.com

Hcgirls11v11@gmail.com

BOYS - Hcboys7v7@gmail.com

Hcboys9v9@gmail.com

Hcboys11v11@gmail.com

AGE GROUP (circle one): u8 u9 u10 u11 u12 u13 u14 u15 u16 u17 u18/19

GENDER (circle one): Boys Girls

TEAM NAME: _____

COACH'S NAME: _____

COACH'S CELL PHONE: _____ Accepting text messages: yes no

ALTERNATE CONTACT: _____

ALTERNATE CELL PHONE: _____ Accepting text messages: yes no

DESIGNATED TEAM COMPLIANCE OFFICER: _____

COMPLIANCE OFFICER CELL PHONE: _____ Accepting text messages: yes no

**Team Registration will not be approved without a Compliance Officer designated for your team.
The Team Compliance Officer MUST BE PRESENT AT ALL GAMES and
may be contacted if there are issues or complaints as they relate to the Rules and Event Guidelines.**

I, _____, attest that the COVID information recommended as part of Responsible ReStartOhio as well as the Ankeney Tournament and Event Guidelines has been shared with the players and parents of my Team. This information can be found under forms on my Haunted Classic team login page.

Printed Name: _____ **Team Title:** _____

Signature: _____ **Date:** _____

Guest Player = _____ (please list player names below)

1. _____
2. _____
3. _____
4. _____

FOR ADMINISTRATIVE USE ONLY

- | | |
|----------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Roster # _____ | <input type="checkbox"/> Concussion Certificates |
| <input type="checkbox"/> Parent/Player Liability Release | <input type="checkbox"/> Lindsay Law Forms |
| <input type="checkbox"/> Coaches Liability Release | <input type="checkbox"/> Permission to Travel |
| | <input type="checkbox"/> Guest Player Roster # _____ |