

# PHOENIX RISING CUP 2025

## Team Acknowledgement Agreement



### MEDICAL RELEASES

I certify that the team has medical release forms for all rostered players dated after May 1, 2025. I agree that forms will be made available at the field when my team is playing.

### PLAYER PASSES

I certify that each rostered player, coach, and manager has a current, laminated, 2025-2026 pass issued by USYS, USCS, AYSO, or MLS Youth. I agree that passes will be available for presentation at all times during the tournament. Failure to present a valid player pass will result in forfeiture of all games and tournament fees.

### ROSTER & GAME CARDS

I understand that only players listed on the tournament roster/game cards by the roster freeze (Thursday before the tournament) are eligible to participate.

### STAY & PLAY REQUIREMENT

I understand that teams outside of Maricopa County must book at one of our partner hotels as a requirement of participation (see registration and website for details), and must be reported to the tournament. Teams are not permitted to make direct reservations with the properties or risk registration cancellation. No exceptions.

### TOURNAMENT RULES

I certify that I have read the tournament Rules & Regulations (available on the website) and that my team will also abide by the tournament Rules and Regulations. Violations are subject to repercussions as listed in the Rules & Regulations or as deemed appropriate by the Tournament Directors.

### CONDUCT & SPORTSMANSHIP

It is the responsibility of the coach to control the conduct of its players and spectators. Displays of temper or dissent, abusive or profane language, or threats of any kind are cause for ejection from the game and the surrounding field area. Referees have complete authority to eject any coach, player, or spectator. Repeated violations may result in the suspension of the team from the tournament as determined by the Tournament Directors.

### SEATING

I understand that spectators will sit on the same side as their team, the opposite end from the Assistant Referee. The Home team (listed first on the schedule) will occupy the north or east side of the field, and the Away team (listed second on the schedule) will occupy the south or west side of the field.

### FACILITY GUIDELINES

I certify that my team and its spectators will comply with all guidelines, either posted onsite or on the facility/municipality website.

### INCLEMENT WEATHER SAFETY PROTOCOLS

Teams must comply with all staff and/or facility instructions regarding clearing the fields, sheltering in vehicles, and returning to the fields during inclement weather, or risk forfeiture.

CLUB: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

COACH NAME: \_\_\_\_\_ MANAGER NAME: \_\_\_\_\_

By signing my name below, I accept and agree for myself and my team. I will communicate this information to my team, my team administrators, and my team's parents for their understanding and compliance.

COACH OR TEAM MANAGER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_