



TOURNAMENT COPA CHIVAS 2017
JULY 21st - 29th
GUADALAJARA, MEXICO
REGISTRATION PACKET

TEAM (CHECK ONE):	2000-BU17	2004-BU13	2007-BU10
<u>PLAYER INFORMATION</u>			
NAME OF PLAYER <small>(AS NOTED ON PASSPORT / PERMANENT RESIDENT CARD):</small>			
DATE OF BIRTH (MM/DD/YYYY):	_____ / _____ / _____		
PLAYER'S ADDRESS – STREET & NUMBER:			
PLAYER'S ADDRESS – APARTMENT #:			
PLAYER'S ADDRESS -- CITY, STATE & ZIP CODE:			
TELEPHONE - PRIMARY:	(_____) _____		--
TELEPHONE - ALTERNATE:	(_____) _____		--
POSITION:			
JERSEY #:			
JERSEY SIZE (CHECK ONE):	SMALL	MEDIUM	LARGE
SHORT SIZE (CHECK ONE):	SMALL	MEDIUM	LARGE
SOCK SIZE (CHECK ONE):	SMALL	MEDIUM	LARGE



PARENT / GUARDIAN INFORMATION:

IS PLAYER TRAVELING WITH A PARENT (S) OR GUARDIAN (CHECK ONE):	PARENT		GUARDIAN	
NAME (AS NOTED ON PASSPORT OF PERMANENT RESIDENT CARD):				
ADDRESS – STREET & NUMBER:				
ADDRESS – APARTMENT #:				
ADDRESS -- CITY, STATE & ZIP CODE:				
TELEPHONE - PRIMARY:	(_____)		--	
TELEPHONE - ALTERNATE:	(_____)		--	

MEDICAL INSURANCE INFORMATION

NAME OF CARRIER:				
IDENTIFICATION #:				
TELEPHONE - PRIMARY:	(_____)		--	
DOES PLAYER HAVE ANY KNOWN ALLERGIES OR OTHER MEDICAL CONDITION THAT MUST BE MADE KNOWN TO COACH:				
NAME OF PRIMARY DOCTOR:				
TELEPHONE - PRIMARY:	(_____)		--	

ADDITIONAL INFORMATION – PLEASE NOTE ANY OTHER INFORMATION THE COACH NEEDS TO KNOW:

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ADDITIONAL TRAVELERS

**HOW MANY PERSONS WILL BE TRAVELING WITH THE PLAYER
(PLEASE SPECIFY NUMBERS BELOW):**

	PARENT(S)
	GUARDIAN(S)
	SIBLINGS (AGED 17 & UNDER)
	SIBLINGS (AGED 17 & OLDER)
	OTHER

PLEASE COMPLETE THE “ADDITIONAL TRAVELER” INFORMATION ON FOLLOWING PAGE FOR EACH PERSON INCLUDED ABOVE. MAKE ADDITIONAL COPIES AS NECESSARY.



ADDITIONAL TRAVELER (#___):

NAME : (AS NOTED ON PASSPORT / PERMANENT RESIDENT CARD):					
DATE OF BIRTH (MM/DD/YYYY) (IF UNDER THE AGE OF 18):	___	/	___	/	___
ADDRESS – STREET & NUMBER:					
ADDRESS – APARTMENT #:					
ADDRESS -- CITY, STATE & ZIP CODE:					
TELEPHONE - PRIMARY:	(___)		--		
TELEPHONE - ALTERNATE:	(___)		--		

ADDITIONAL TRAVELER (#___):

NAME : (AS NOTED ON PASSPORT / PERMANENT RESIDENT CARD):					
DATE OF BIRTH (MM/DD/YYYY) (IF UNDER THE AGE OF 18):	___	/	___	/	___
ADDRESS – STREET & NUMBER:					
ADDRESS – APARTMENT #:					
ADDRESS -- CITY, STATE & ZIP CODE:					
TELEPHONE - PRIMARY:	(___)		--		
TELEPHONE - ALTERNATE:	(___)		--		





ATTACHMENTS REQUIRED FOR THE PLAYER ONLY

COPY OF PASSPORT – PAGE 1 ONLY	
COPY OF CUSTODIAN POWER OF ATTORNEY – (IF APPLICABLE)	
COPY OF AIRLINE TRAVEL ITINERARY	
COPY OF MEDICAL INSURANCE CARD	
MEDICAL & LIABILITY WAIVER	
TRAVEL INSURANCE DISCLOSURE	
COPY OF TRAVEL INSURANCE ENDORSEMENT PAGE – (IF APPLICABLE)	

