Congratulations and Welcome to the 2025 Pacesetter Soccer Invitational. Below you will find several documents that you will need in order to finalize your team registration.

•	ve are offering <b>only</b> online registration. All forms must be emailed to <u>PSIfemale@gmail.com</u> (female <u>PSIboys1980@gmail.com</u> (male teams) by <b>May 5th, 2025 by 10:00pm</b> .
Below are t	the documents that you will need to complete and email in ONE document/ email
What do I r	need to email?
<ul> <li>Playe</li> <li>Perm</li> <li>US C</li> <li>Mich</li> <li>Penn</li> <li>India</li> <li>Tear</li> <li>PSI C</li> <li>Medi</li> </ul>	ers -1 copy (Must be official state roster) ers and Coaches cards hission to Travel/Notification to Travel. (All USYSA Must Have Permission To Travel. Not required for Elub). To request permission to travel contact your State Organization. higan - https://www.michiganyouthsoccer.org hisylvania - https://www.pawest-soccer.org hina - https://www.soccerindiana.org hin Contact Page Guest Player Form cal/Liability Release Form say Law (signed by manager only)



# 2025 Pacesetter Soccer Invitational Team Contact Page

Club Name :	Team Name:
Coach Name:Coach Phone Number:	
Assistant Coach Name:Assistant Coach Phone Number:	
Team Manager Name:  Team Manager Phone Number:	

## 2025 Pacesetter Soccer Invitational Guest Player Form

Club Name :	Team Name:
Guest Players are Included in Max. Roster Size	(Maximum 5 guest players)

#### **INSTRUCTIONS:**

- 1. Enter the required information in the blanks provided.
- 2. On the tournament and/or league roster, draw a line through the player(s) being replaced (if applicable).
- 3. Guest players must use the laminated player pass from their league team.
- 4. The information on the player pass must match the information on this Tournament Guest Player Roster.
- 5. ALL PLAYERS MUST BE CARDED IN THE SAME ORGANIZATION (All US Club or all USYS)

Name of Guest Player	Name of Guest Player Team	Birthdate	Extra Addition or Name of Player being replaced on Roster

### 2025 Pacesetter Soccer Invitational Medical/Liability Release Form

Club Name :	Team Name:
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This is to certify I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Pacesetter Park, Pacesetter Indoor and/or Total Sports Rossford and I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent of behalf of my child or ward, to his/her participation in activities and instruction at Pacesetter Park, Pacesetter Indoor, Total Sports (Youth Sports Organization). For myself and on behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify the Youth Sports Organizations, their affiliates, administrators, directors, agents, coaches, and their employees, other participants, and sponsor agencies, from any and all claims and damages arising out of my minor child's or ward's involvement or participation in the programs at Pacesetter Park, Pacesetter Indoor and Total Sports Rossford, whether or not arising as a result of negligence of the operations of such facilities.

Player Name	Parent Name	Parent Signature	Date

Player Name	Parent Name	Parent Signature	Date

# Pacesetter Soccer Invitational 2025 Lindsay's Law Compliance Form

This form is to certify that the undersigned team that is participating in the PSI 2023, through its designated representative, has confirmed that all their coaches, parents, and athletes have met the standards set forth in State Bill 252 (Lindsay's Law) in accordance with the State of Ohio.

Please read the following certifications:

- 1. To the best of my knowledge all coaches on the tournament roster working with players have watched the required coach video on SCA and have been given the coach SCA Informational Handout
- 2. To the best of my knowledge all parents/legal guardians have watched the required parent video on SCA, have been given the parent/athlete SCA Information Handout, and have signed the signature form.
- 3. To the best of my knowledge all youth athletes on my tournament roster for the PSI 2023 Tournament have been given the parent/athlete SCA Information Handout and have co-signed their parent/guardian's signature form.
- 4. I hereby certify as an official contact person and on behalf of \_\_\_\_\_\_\_ [insert name of Team Name], The State of Ohio policies regarding Lindsay's Law requirements have been met and will be followed as identified below. I acknowledge that non-compliance could impact the ability of the team to compete in the identified event.

Club:	
Team Name:	
Signature of the person completing this form:	
Printed Name:	Date:

\*This form only needs to be completed by one representative for team\*