2026
THE CUP

FILL OUT COMPLETELY & TURN IN BEFORE 1st GAME

Team Name _____

Contact_____ Cell Phone **(REQUIRED)**:_____

Email Address **(REQUIRED):** _____

DIVISION AND AGE GROUP
(Please check one)

MEN'S OPEN_____ MEN'S OVER 30 _____
MEN's OVER 40 _____ WOMEN'S OPEN_____ ADULT COED _____
MIDDLE SCHOOL COED _____ HIGH SCHOOL BOYS_____ HIGH SCHOOL GIRLS_____

PARTICIPANT WAIVER AND RELEASE:

The Sports Academy, The Cup or anyone affiliated with The Sports Academy, and/or The Cup are not liable for any injury that may occur while you are participating in this tournament. Each player is urged to carry their own, individual accident and medical insurance. Each player listed on the below roster agrees to assume all risks on injury and to waive any and all rights to claims for these injuries. Please remember to always play safe.

PLAYER ROSTER: Email, DOB and Signature REQUIRED:

PLAYER	EMAIL	Birth Date	SIGNATURE

Roster is final before first game