



TARGET UNITED CUP 2019



TOURNAMENT MATCH REPORT

TEAM NAME

TEAM NAME

Vs

FINAL SCORE

NUMBER

Vs

NUMBER

WORD

Vs

WORD

CAPITAN SIGNATURE

CAPITAN SIGNATURE

TEAM NAME

DIV

ROSTER PLAYERS

	J #	NAME	LAST NAME	✓	GOALS	DoB	ID#
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

FIRST NAME

LASTNAME

ID #

COACH

ASSISTENT

ADMIN

TEAM PARENT

REFEREE AND GAME TIME

DIV	⌚	DIV	⌚
U18-19	60"	U10	50"
U16-15	60"	U9	50"
U14-13	60"	U8	50"
U12	60"	U7	50"
U11	50"	U6	50"

CODIGO DE CONDUCTA

TARJETA ROJA

CODE OF CONDUCT

GAME EVICTION

101-ENTRADA VIOLENTA
VIOLENT ENTRY
UN JUEGO / ONE GAME

102-RECKLESS ENTRY
/Entrada temeraria
UN PARTIDO/ONE GAME

103-Insulto o lenguaje inapropiado / Insult or inappropriate language
DOS PARTIDOS/ TWO GAMES

104-Insulto o actos violentos / Insult or violent acts
UN PARTIDO / ONE GAME

105-Insultos al cuerpo Arbitral / Insults to the Referee/s
DOS PARTIDOS TWO GAMES

106-Jugada premeditada con fuerza desmedida / Premeditated play with excessive force
UN PARTIDO / ONE GAME

107-Segunda tarjeta amarilla / Secod yellow card
UN PARTIDO / ONE GAME

108-Fuerza desmedida / Excessive force
UN PARTIDO / ONE GAME

109-Agrecion a un contrario / Adding to an opponent
UN PARTIDO/ONE GAME

Las decisiones disciplinarias o económicas no tienen límite en la sanción.
Disciplinary or economical sanction decisions are not limited in any manner

CUERPO ARBITRAL NOTACIONES IMPORTANTES PARA LA REALIZACION DEL ENCUENTRO

PARTICIPAN SOLO DIECIOCHO(18) JUGADORES Y MARCARLOS CON UNA ✓

RAYAR LOS NOMBRES DE LOS JUGADORES NO PRESENTES AL TIEMPO DEL CHEQUEO

SOLO SIETE(7) JUGADORES EN LA BANDA O EN LA BANCA Y DOS(2) CUERPO TECNICO

FIELD NAME

DATE : AM PM

REFEREE SIGNATURE

REFEREE NAME

COPA CHIVAS L.A.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the, COPA CHIVAS L.A. and related events and activities, the undersigned:

I agree that participating, they each will inspect the facilities and equipment to be used and if I believe anything is unsafe, I will immediately advise the supervisor of such condition(s) and refuse to part take.

I acknowledge and fully understand that each participant will be engaging in activities that will involve risk of serious injury, including permanent disability and death and several social and economic losses which might result not only from their own actions, inactions, or negligence of others, their rules of play or the condition of their premises or any equipment used, further, that there may be other risk and accept personal responsibility for the damage such injury, permanent disability or death.

I assume all the foregoing risk and accept personal responsibility for the damage such injury, permanent disability or death.

I release, waive discharge and covenant not to sue the, COPA CHIVAS L.A, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other participants sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are here in after referred to all the release from demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

Furthermore, the undersigned understands that the activities organized by, COPA CHIVAS L.A, may be photographed, film, taped or otherwise recorded and/or may be covered by the media, including, but not limited to television broadcast or any network. Should the undersigned's likeness, be photographed, taped or otherwise recorded by the COPA CHIVAS L.A, or the media the undersigned irrevocably consents to the reproduction and use of such photography, tape or other recordings without compensation and hereby assigns any rights the undersigned may have there to.

I/we the parent/guardian of a minor authorize at school transferred to verify the date of birth of my child from school records to COPA CHIVAS L.A authorized representative for the limited purpose of, COPA CHIVAS L.A.

THE UNDERSIGNED HAS READ THE WAIVER AND RELEASE; UNDERSTAND THAT THEY HAVE BEEN GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGNING IT VOLUNTARILY.

FIRST NAME _____ M (Int) _____ LAST NAME _____

DOB _____ / _____ / _____
DD MM YYYY

PHONE () _____ - _____ MOBILE () _____ - _____

ST# _____ ST NAME _____ APT# _____ CITY _____ ZIP _____

Parent or legal guardian Name

Parent or legal guardian signature

Date