



## COACH'S ELIGIBILITY CONSENT & PLEDGE FORM:

I understand that as a team coach, it is my responsibility to assure that all members of my team meet the eligibility requirements. I am accountable and responsible to provide and ensure that the players of our team provide a copy of the documentation proving their eligibility. A copy of this eligibility documentation will be filed on record by the Ahepa Marrow Committee. I understand that all players will be required to also register and check in during the Player Registration process. Each player will be required to demonstrate a valid photo I.D. (i.e. Driver's License, or a High School I.D), provide a signed player release form, and provide a **COPY** of the appropriate eligibility documentation that makes him or her eligible to play (i.e. Birth certificate, Driver's License, Passport, Baptismal certificate, Marriage certificate, current membership in an Eastern Orthodox parish, or is a Philo-Hellene proof of membership of Ahepa for 2 years 2023 & 2024 or a donation of \$75 to Ahepa Marrow in 2023 & 2024). Once players have submitted a **COPY** of the documentation proving their eligibility, which the AHEPA MARROW Committee will keep on file, players may not be required to re-submit it again in future years. I am also responsible for the conduct of my team throughout the AHEPA Marrow tournament. I agree to abide by and be governed by all the tournament rules and decisions of the tournament and eligibility committees. I fully understand and accept that any violation of AHEPA MARROW eligibility rules could result in an immediate disqualification of the team, forfeit of the entrance fee, and future suspension of our team from the Ahepa Marrow Basketball tournament. The AHEPA MARROW Tournament Eligibility Committee will oversee this process, and will make all final decisions, and handle all appeals.

**Printed name of coach:** \_\_\_\_\_

**Signature of coach:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### RETURN COMPLETED APPLICATION, ENTRY FEE, & MAKE CHECKS PAYABLE TO:

Ahepa Bone Marrow Donor Registry  
c/o John Venetos M.D.  
6520 Tower Circle Drive Lincolnwood, Illinois 60712  
Telephone: Cell (847) 975-1114

### Entrance fee is 100% Tax Deductible Non-for-Profit Organization

- **Entrance Fee due on 03/04/2024**
- **Please Add \$50 Late Fee after 03/04/2024**
- **Absolute Final Deadline is Saturday 03/09/2024 7PM @ Seeding Event**

**COACH'S ELIGIBILITY CONSENT & PLEDGE FORM IS DUE SAT 03/09/2024**