



**FLAGSTAFF SOCCER CLUB TOURNAMENT APPLICATION**  
**SOCCER AT THE SUMMIT**

**SEPT. 22-24 (Girls), 2006**

**SEPT. 29 - OCT. 1 (Boys), 2006**

**EARLY REGISTRATION (\$375) DEADLINE AUG 18, 2006**

**FINAL REGISTRATION (\$425) DEADLINE SEPT 1, 2006**

**BOYS      GIRLS                      U-9 10 11 12 13 14 15 16 17 18**

(Please circle team division)

**Jersey Color** \_\_\_\_\_ **Alternate Jersey Color** \_\_\_\_\_

We can play a 5pm game on Friday, September 22 (girls) or 29 (boys)      **yes**      **no**

**Birth month and year of oldest player:** \_\_\_\_/\_\_\_\_. Pure age groups will be created if enough teams enter. Otherwise we reserve the right to combine into even numbered age brackets.

**Team Name:** \_\_\_\_\_

**Coach/Manager Name and Contact information (including email and telephone)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2005/2006 League Play    Flight** \_\_\_\_    **W** \_\_\_\_    **L** \_\_\_\_    **T** \_\_\_\_    **N/A** \_\_\_\_

**2005/2006 Tournament Record [Most Recent First]**

	NAME	FLIGHT	W	L	T	STANDING
1.	_____	_____	___	___	___	_____
2.	_____	_____	___	___	___	_____
3.	_____	_____	___	___	___	_____
4.	_____	_____	___	___	___	_____

**What flight do you request ["1" being the highest]?      1      2      3      4**

**Any Comments? The more information we have the better.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Waiver of Liability:** I, as a representative of this team, do induce the Flagstaff Soccer Club to accept this team application and permit participation in the 2006 Soccer at the Summit Tournament do hereby release, indemnify and hold harmless the Flagstaff Soccer Club, its officials, sponsors, coaches, referees and/or representatives from any injury arising to a named participant of this team and hereby certify that each player registered is covered by an approved medical insurance plan as required for youth soccer. In further consideration, the undersigned team and members hereby agree to hold harmless and indemnify the City of Flagstaff, Flagstaff Unified School District, Northern Arizona University, Flagstaff Soccer Club, officials, sponsors, referees, coaches, and/or representatives of and from any and all claims, demands, causes of action, suits of judgments (including costs and expenses incurred in connection therewith) which may hereafter be brought by anyone for loss and damage or personal injury as a result of participation in this tournament. I certify that each registered player is covered by an approved medical insurance plan as required by youth sports. I recognize and acknowledge that adverse weather is an act of God and agree to accept the decisions of tournament officials as to playability and therefore the outcomes of competition without any appeal, objection or compensation whatever. I understand that no refunds will be given to teams that are accepted and then back out.

**Signed** \_\_\_\_\_

**Print Name**\_\_\_\_\_ **Date** \_\_\_\_\_

**Mail application to: Soccer at the Summit Tournament PO Box 271 Flagstaff, Arizona 86002**

**Each player must have a USYSA Player Pass, medical release and birth certificate.**