

7v7 "Summer Shootout"

Soccer Tournament

Saturday June 22nd, 2024

All Games Saturday:

U-11, U-13, U-15, and High School Boys and Girls

Plus, Adult Women's Open Division

****High School Boys will be 6v6****

Teams must send in team registration form and fee by June 9th to be Scheduled
Turn in Roster and Medical Release Form the day of the tournament

Age Groups:

Divisions will be: Girls: U-11, U-13, U-15, High School and Adult Women's Open
 Boys or (Coed): U-11, U-13, U-15, and High School

****We have adopted the new Calendar Year age groups directed by PA West and USSF****

There must be at least 4 teams in age group to complete. Girls' divisions without enough will have the choice of moving up or switching to boys' division. Boy's teams must move up. Options of having a refund sent if not enough teams in a bracket to compete.

Entry Fee:

The entry fee is \$250 per team, non-refundable, and due with team registration form by June 9th made payable to DuBois Soccer Association and mailed to: (allow for mail time or give us a heads up)

*DuBois Soccer Association – c/o Matt Erickson
562 Treasure Lake
DuBois, PA 15801*

Proof of Age:

Each participant must have by day of tournament current player pass (PA West, US Club, or AYSO), photocopy of birth certificate, driver's license, or passport.

Additional Info:

Play will be 7v7 across half of a full size field (Boys HS division is played 6v6). Teams will play at least 3 round robin games and then top teams will have playoff game(s). Games are two 12-minute halves, with a 1 minute half-time. During round robin – wins are 3 points, ties are 1 point, and losses are 0 points. In playoffs, we will use the golden goal (sudden death) format with fewer players. Play is sub on the fly with no stoppage of play. All games and playoffs will be played the same day.

Contact Info: Matt Erickson (814) 591-2678 ericksonmatt4@gmail.com

**7v7 “Summer Shootout” Tournament
Team Registration Form
June 22nd, 2024**

High School (Boys will play 6v6)	Must have been in 8 th grade or High School this last year (2023-2024) NO College Players.
U-15	Anyone born in 2009 & 2010
U-13	Anyone born in 2011 & 2012
U-11	Anyone born in 2013 & 2014
Adult Women	18 or older

Team (Hometown) Name: _____

Age Group: _____ Boys or Girls (circle one)

Coach or Contact Name: _____

Address: _____

City, State, Zip: _____

Home Phone () _____ Cell Phone () _____

Email: _____

Fill out and enlose \$250 check and mail by June 9th, 2024

Send to: DuBois Soccer Association – c/o Matt Erickson
562 Treasure Lake
DuBois, PA 15801

Or scan and email to ericksonmatt4@gmail.com

DuBois Soccer Association “Summer Shootout” 7v7 Tournament Team Roster and Medical Release Form

(Bring with you the day of the tournament and turn in to registration table)

Team Name: _____ **Age Group:** _____

Medical Release and Participation Agreement:

I, the undersigned parent or legal guardian of the participant(s), a minor, hereby authorize the coaches, assistant coach, and or parents of the team members acting in the capacity of activity supervisor/vehicle drivers, as my agents, to consent to medical, surgical, or dental examination and or treatment to the below said minor(s), by any physician or surgeon in the even on an accident, injury, sickness, etc., under the direction of any of the said person(s) on this registration when the need for such treatment is immediate and until such time as I can be contacted. I also assume responsibility for payment of such treatment.

I, the parent/guardian of the participant, a minor, agree that the participant and I will abide by the rules of the USYSA, it's affiliates, organization, and sponsors. Recognizing the possibility of physical injury associated with soccer programs and activities: I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliates, organizations, and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the participants in the program or tournament and/or being transported to or from the same, which transportation I hereby authorize.

I hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child my sustain while participation in activities of any kind, whether sponsored by or under the supervision of SAY and we agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

<u>Player Name:</u> 10 Players Max	<u>Date of Birth:</u> Coach must have copy of Birth Certificate, <u>or</u> Current Player Pass	<u>Parent Signature:</u> Read the above agreement and sign

This must be completed for every player and turned into the registration table before the team/player will be able to participate.