

# Wilson Youth Soccer Tournament



Team Name \_\_\_\_\_ Age Group \_\_\_\_\_ Boys \_\_\_ Girls \_\_\_

Coach Name \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Team Manager Name \_\_\_\_\_ Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Coach or Manager is to initial each of the lines below upon completion. Forms must be returned before the tournament (no later than June 01, 2024) Please be sure to sign the bottom of this form before sending. Once all forms are complete, you may create one PDF file using this completed sheet as the top page and [email to tournament@wilsonyouthsoccer.org](mailto:emailtotournament@wilsonyouthsoccer.org)

Completed forms may also be mailed to Wilson Youth Soccer P.O. Box 144 Wilson, NY 14172 if unable to email PDF copy

## **COMPLETED FORMS MUST BE RECEIVED NO LATER THAN June 01, 2024**

- \_\_\_\_\_ #1 – **Team Roster** Form (must list each players name, uniform number and player pass number)
- \_\_\_\_\_ #2 – **Player passes/passbooks** – \*Do not send copy but will be needed at team check in the day of tournament
- \_\_\_\_\_ #3 – **Completed Liability & Medical Release Waiver Form (must be signed by each players parent or guardian)**
- \_\_\_\_\_ #4 – **Signed Coach Liability & Medical Release Waiver Form**
- \_\_\_\_\_ #5 -The team has read and understands the Zero Tolerance Policy enforced by NYSWYSA and BWNYSJSL as well as the Tournament Rules. (copies of both are available on our website under tournament forms)
- \_\_\_\_\_ #6 -At least one hour before the teams first game, a team representative must check in at the registration tent (located near the concession stand) to check in, verify roster and any possible schedule changes.

I certify to the The Wilson Youth Soccer League **the following items will be in the possession of a team official at each of the teams matches in the Wilson Youth Soccer Tournament: Medical Release Form, Liability Waiver Form, Official Team Roster, and Passes/Passbooks for ALL players and team officials.** These documents will be surrendered to tournament officials upon request. I will not permit any player, coach, or manager to participate in the tournament who fails to have the foregoing documentation present at the field or whose credentials have not been verified by tournament officials. I understand that the Wilson Youth Soccer Tournament is conducted under the Zero Tolerance Policy established by New York State West Youth Soccer Association and Buffalo/Western New York Junior Soccer League. The team has reviewed the Tournament Rules and all parties agree to abide by those rules. I understand that if our team is in violation of any of the foregoing, our team will forfeit one or more games at the discretion of the Tournament Committee and will be subject to the sanctions of the Tournament Rules and Zero Tolerance Policy. There shall be no protests and no refunds.

\_\_\_\_\_  
Coach/ Manager Signature

\_\_\_\_\_  
Date





# Wilson Youth Soccer Tournament

June 15 & 16, 2024

## Liability & Medical Waiver

Team Name \_\_\_\_\_ Age Group \_\_\_\_\_

Coach Name \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates, including The Wilson Youth Soccer League, accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including The Wilson Youth Soccer League, The Wilson Central Schools District (the owners of the fields and facilities utilized for the tournament) against any claim by or on behalf of the registrant as a result of the registrant's participation in the program/tournament and/or being transported to or from same, which transportation I hereby authorize.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the tournament. In the event of an emergency, I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

*If player over 18 they may sign for themselves.*

Player Name (Print)	Date of Birth	Parent/Guardian Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____



# Wilson Youth Soccer Tournament

June 15-16, 2024

## Medical & Liability Release Waiver

Club Name \_\_\_\_\_

Team Name \_\_\_\_\_

Age Group \_\_\_\_\_

I, \_\_\_\_\_, Coach/Team Manager for the above team, acknowledge that I have a completed liability & medical release waiver form listing each player on the roster for the tournament. I also acknowledge that the form has been completed in its entirety and has been signed by all player's parent or legal guardian. I further acknowledge that I am required to furnish the liability & medical release waiver for each player to the registration staff at the check in tent before the start of tournament and the failure to do so may cause the forfeiture of matches and/or eligibility to participate.

\_\_\_\_\_  
Coach/Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coach/Manager Printed Name