2010 TOURNAMENT TEAM APPLICATION FORM

Club Name: _____ **Age Division:** _____

Team Name: _____ **Male or Female:** _____

League in which your team participates: _____

In order to help facilitate the proper balancing of divisions, please assess your team's ability based upon its most recent season. Please rate your team's ability level on a scale from 1 to 5 (with 1 being an above average team). Please note that divisions will be balanced with teams of each ability level. There is no advantage gained by underestimating your team's ability. Based upon a scale of 1 to 5, I would estimate the playing ability of my team to be**: _____.**

Team Jersey Color:_____ **Alternate Jersey Color:**_____ **Shorts:** _____

In the event of conflicting jersey colors, do you have pinnies available: _____

Head Coach: _____ **Home Phone:** _____

Email address: _____ **Cell Phone:** _____

NOTE: I understand that if my team is not accepted the entry fee will be returned in full. I further understand that once my team is accepted and later withdrawals, the entry fee is forfeited. I understand that no refund will be made in the event of shortening of any matches or rescheduling of the tournament due to inclement weather. My team is responsible for our own insurance. In the event of accident or injury while in transit to or from, or while participating in the tournament, the Parkland Area Soccer Club or any of its members shall not be held liable. My team meets all the requirements to participate in this tournament as outlined in the tournament rules.

Coach's Signature: _____**Date:** _____

NOTE: This application must be accompanied by the entry fee, club certified roster, proof of team insurance, and player information sheet. <u>If any of these items is missing registration will not be accepted</u>.