



SANTA BARBARA SPRING CUP

MARCH 17 & 18, 2007 TEAM APPLICATION

(\$495 U11-U19 | \$445 U9-10)

\$30 Discount if application is postmarked by Feb. 1, 2007

Questions?
805-683-1281

Team Name (e.g. Stars Red): _____ Club Name (e.g. Valley United) _____

State Affiliation (e.g. CYSA-N): _____ League (e.g. CSL): _____

2006-2007 Age: U-_____ Girls____ Boys____ Oldest Player Born After July 31, 19_____

Level: Gold (Premier) _____ Silver (AAA) _____ Bronze (AA-A) _____ Other _____

Team Contact _____ Coach: _____ Manager: _____

Phone #: _____ Cell: _____ E-Mail: _____
(To be accepted, teams must provide an e-mail address)

Street/City/St/Zip: _____

Past Performance (last 12 months)	League:	Wins____	Losses____	Ties____	Place____	
State Cup:	National____	Open____	Wins____	Losses____	Ties____	Finish____
Tourney _____		Wins____	Losses____	Ties____	Finish____	
Tourney _____		Wins____	Losses____	Ties____	Finish____	
Tourney _____		Wins____	Losses____	Ties____	Finish____	

Please state below any special requests such as playing times, multiple teams with same trainer/coach, etc.

Waiver of Liability

If accepted, we agree to release, hold harmless and indemnify the Santa Barbara Soccer Club (SBSC), its Board of Directors, members, officials, coaches, referees, sponsors and their employees, agents, officers and directors from any and all liability for injury, or damage to persons, property, or economic interests connected with or arising out of any action taken by them in good faith or out of any failure by them to act. In the event of inclement weather or other force of Nature, SBSC shall be the sole and exclusive judge of whether the tournament shall be held, canceled, continued or postponed and we hereby release SBSC and all the persons or entities mentioned above from any and all liability for direct or consequential damages resulting from the exercise by them of such judgment. We understand that there will be no refund compensation for lost games due to weather, forfeitures, or acts of Nature as determined by the Tournament Committee. As the representative of this team, I certify that the above information is accurate and that each player registered to participate in the tournament is covered by an approved medical insurance plan as required by CYSA-S and SBSC. It is understood that after acceptance, any and all refunds are at the sole discretion of the Tournament Committee. We further understand and agree that all age brackets will be played under the 2006-2007 playing year age designations.

Signed by: _____ Date: _____
(Registered Club/Team Coach or Official Only)

Mail To: Brian Hersh, 379 Princeton Avenue, Santa Barbara CA 93111
Please Complete and Return with the Player Roster