



SANTA BARBARA SUMMER CUP 2006

AUGUST 26 & 27, 2006 TEAM APPLICATION

U15-U19 WEEKEND \$495

◆ OLDERS ◆

Team Name: _____ Club Name _____

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

2006-2007 Age: U- _____ Girls _____ Boys _____ Oldest Player Born After July 31, 20 _____

Level: Gold (Premier) _____ Silver Elite _____ Silver _____ Bronze _____ Other (e.g. All-Star) _____

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 list 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 Futbol Club of Santa Barbara (FCSB), 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, FCSB shall be the sole and exclusive judge of whether the tournament shall be held, canceled, continued or postponed and we hereby release FCSB 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 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 FCSB. 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 Team Coach or Club Official Only)

Mail To: Brian Hersh, 379 Princeton Avenue, Santa Barbara CA 93111

Please Complete and Return with the Player Roster

Make checks payable to FCSB