



SANTA BARBARA WINTER CUP 2004

JANUARY 17 & 18, 2004 TEAM APPLICATION

U10- U14 (\$495 U11-U14 | \$425 U10)

Team Name: _____ Club Name _____

State Affiliation: _____ League: _____

2003-2004 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 #: _____ E-Mail: _____ Fax #: _____

(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 United (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 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 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 2003-2004 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

FCSB USE ONLY	Received:	Check Posted:	Check #	Check Amt:
	Roster:	All Items Completed:	Team Application:	Travel Papers: