



**AYSO AREA 1U  
2024 FATHER'S DAY FRENZY  
TOURNAMENT TEAM APPLICATION FORM**



Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

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

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ U-19 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

**Contact Information**

Coach Name: _____	Asst. Coach Name: _____
Email: _____	Email: _____
Mailing Address: _____	Mailing Address: _____
City/State/Zip: _____	City/State/Zip: _____
Evening Phone Number: _____	Evening Phone Number: _____
Emergency Phone Number: _____	Emergency Phone Number: _____
AYSO ID#: _____	AYSO ID# _____
Certification Level: _____	Certification Level: _____
Safe Haven Date: _____	Safe Haven Date _____
CDC Concussion, Safe Sport, Cardiac _____	CDC Concussion, Safe Sport, Cardiac _____
Shirt Size: _____	Shirt Size: _____

**Team Rating Criteria:**

- 1) We are an Extra Team. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) We are an All-star Team \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) We are a select team \_\_\_\_\_ teams in this age division from our region \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4) My team competitive rating between 1 (low) and 10 (high) is \_\_\_\_\_
- 5) The average age of our players as of January 1, 2024 is \_\_\_\_\_

Season Record Wins \_\_\_\_\_ Losses \_\_\_\_\_ Ties \_\_\_\_\_

Tournament Record Championships \_\_\_\_\_ Finalists \_\_\_\_\_ Semifinals \_\_\_\_\_

**Team Head Coach Approval:**

\_\_\_\_\_  
Yes, I have read the tournament rules and I promise to abide by them. I also am committed to returning on the alternative dates should the tournament be rescheduled due to inclement weather, etc.

\_\_\_\_\_  
Yes, I understand that this is a 3-day tournament and that the medal round games are on the second day. I hereby notify you that I will

NOT be able to complete the tournament for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Coach Signature

**Regional Commissioner Approval:** Yes, the above team has my permission to attend the 2024 Father's Day Frenzy Tournament. Please report any behavior problems to me immediately. I understand that players from outside my region (Guest Players) will need approval as well from the Guest Player regional commissioner. I hereby approve the addition of \_\_\_\_\_ Guest Players for this team.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (in red or blue ink only, please)

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

**The Referee Refund Check should be mailed to the RC or TREASURER:**

AYSO Region # \_\_\_\_\_

Mailing address \_\_\_\_\_