



**AYSO Area 1U
2025 FATHERS 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: AS AM AL AXL AXXL AXXXL	Shirt Size: AS AM AL AXL AXXL AXXXL

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 2025 Eagle Classic 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 _____