



AYSO AREA 1U
2026 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 2026 Fathers 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 _____