BILLERICA YOUTH SOCCER ASSOCIATION

Dear Coach: **Deadline May 11**

Thank you for your interest in the ***Billerica Memorial Day Tournament***, which will be held ***May 26 and 27, 2012.*** The tournament is a USYSA sanctioned tournament through the Massachusetts Youth Soccer Association. Competition will be offered for Boys and Girls forU10, U12, and U14 groupings.

U10- Competition for the U10 travel groups will be 6 v 6 formats, with a guarantee of three games.
* All U10 players will receive participation trophies at the end of the tournament.

U12- Competition for the U12 travel groups will be 8 v 8 format with a guarantee of three games. Teams will play a round robin format, with teams advancing to a Semi and Final round competition.
* First and second place teams will receive trophies for the competition.

U14- Competition for the U14 girls travel groups will be 11 v 11 format with a guarantee of three games. Teams will play a round robin format, with teams advancing to a Semi and Final round competition.
* First and second place teams will receive trophies for the competition.

Enclosed in this packet you will find the following documents:

- Tournament Information Sheet
- Application
- Team Roster form
- Medical Release form

If you are interested in participating in the tournament, please fill out the attached forms and return them prior to May 11, 2012. Additional information on the tournament may be found at www.BillericaSoccer.org.

Sincerely,
Nancy E Jewer, Tournament Coordinator
Billerica Youth Soccer Association
E-mail: nancyjewer@comcast.net
Phone: 978-790-4739

BILLERICA YOUTH SOCCER ASSOCIATION

MEMORIAL DAY TOURNAMENT

May 26 & 27 2012 Tournament Information

Sponsor:	Billerica Youth Soccer Association	
Location:	U10, & U12- Veterans Park (VVP) Treble Cover Rd Billerica, MA 01862 U14- Dutile Field- 10 Biagiotti Way Billerica, MA	
Cost:	U10	$250/team
	U12	$300/team
	U14	$350/team

Application Deadline: May 11, 2012(Registration Fee must accompany application.)

Team Requirements: All teams must be affiliated with a State Youth Soccer Association and **possess a signed certified Roster**, which includes dates of births, and pass cards for U12 and U14.

Team Roster Size: U14 may have a maximum of 18 players per team: no player can be dual-rostered.
U12 may have a maximum of 15 players per team: no player can be dual-rostered.
U10 may have a maximum of 12 players per team: no player can be dual-rostered.
*Teams are allowed a maximum of 2 guest players per team.

Patches: This is a patch tournament; teams should have patches to exchange after each game. Each player will receive a BYSA Memorial Day Tournament patch.

Awards: U12 and U14 Division winners and runner-ups will be awarded trophies.
All U10 teams will be awarded participation awards.

Food: Food and drinks will be available at all game sites.

Tournament T-Shirts: T-Shirts will be available for sale at the Tournament site.

Acceptance of Teams: Will be determined by the BYSA Tournament Committee. Notice of acceptance for participation in the tournament will be notified by mail or email within one week of the application deadline of May11, 2012. Teams not accepted will have checks returned at that time. No refunds will be granted after that time.

Divisions: Teams will be placed in the appropriate division at the discretion of the Tournament Committee. Competition and scheduling requests will be accommodated if possible.

BILLERICA YOUTH SOCCER ASSOCIATION
MEMORIAL DAY TOURNAMENT

May 26 & 27, 2012
Tournament Application

Age Group:	**Circle one**	**U10 B/G**	**U12 B/G**	**U14 B/G**
Preferred Division:	**Circle one**	**Division 1**	**Division 2**	

Town: _____

Team Name: _____

State and League Affiliation: _____

Coach: _____
Address: _____
City and State: _____
Phone # _____
Email: _____

Asst. Coach: _____
Address: _____
City and State: _____
Phone # _____
Email: _____

The Tournament participation fee of $250, $300 or $350 must accompany the application. Make checks payable to BYSA. The tournament fee is non-refundable after acceptances are mailed May 14, 2011. Refunds will be given if the tournament is cancelled due to inclement weather. In the event a game is cancelled due to inclement weather, every effort will be made to replay the game. Refunds will not be issued for missed games. A tournament application and entry fee must be received by May 11, 2012. Late applications will be considered but not guaranteed.

Mail to: Nancy Jewer -BYSA
Tournament Application
25 Fillmore Drive
Billerica, MA 01821

BILLERICA YOUTH SOCCER ASSOCIATION

MEMORIAL DAY TOURNAMENT

May 26 & 27, 2012
TEAM ROSTER FORM

TOWN: _____

TEAM NAME: _____

AGE GROUP _____

TYPE IN ALPHABETICAL ORDER

JERSEY #	*LAST AND FIRST NAME*	*DOB- MM/DD/YY*

BILLERICA YOUTH SOCCER ASSOCIATION

Memorial Day Tournament

Release Form

MAY 26 & 27, 2012

Please copy this form for each player. Without a completed form, they cannot play. Forms may be mailed to the Tournament Director or turned in at Tournament Registration prior to your first game.

CONSENT FOR MEDICAL TREATMENT (MINORS)

In the unlikely event that medical attention may be necessary for my child, I, the Parent / Guardian of _____ give my consent for emergency medical/surgical treatment of my child.

Signature of Parent/Guardian: _____ Home Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Medial information pertinent to routine care and emergencies: _____
_____
_____

Family Physician: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

GENERAL RELEASE

In registering my child as a participant in the 2012 BILLERICA ANNUAL MEMORIAL DAY TOURNAMENT (The Tournament), I understand my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for damages which my child, heirs, executors, administrators, assigns or I may have against the Tournament, Billerica Youth Soccer, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the Tournament.

Signature of Parent/Guardian: _____ Date: _____

Participants Name: _____ Participants Birth date: _____

Team (Town/Group):_____