

COMPETITIVE    
  DEVELOPMENTAL    
  SELECT    
  RECREATIONAL    
  JAMBOREE

Name of Tournament King of the Hill

Tournament Dates August 16th-18th 2019

Gender:  Boys  Girls

Ages: U-9-U19

Entry fee: \$ 395 / 495

**Teams Participating will be invited from:**  
Competitive - Premier Division I, II, III and WSYDL

Select District , Inter District Leagues,  
Commissioners Youth League

Recreational

Jamboree U10 and below

Other State Associations

Foreign Teams

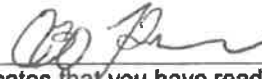
Friendly Games Only

Source of referees Pierce County Soccer Referee Association  
 District 3 Member Association PCSA Club Rainier Soccer Alliance  
 Tournament Director Chuck Thompson  
 Legal name Charles Thompson RMA # 33399-112107 Date of Birth 05-28-1965  
 Address PO Box 531702 City Puyallup Zip 98373  
 Phone (253) 985-0853 Email Address coach@comcast.net  
 Web site www.rsasoccer.org

Tournament Deadline August 2nd, 2019


**"Washington Youth Soccer Rules of Competition"** will apply unless modified and approved by appropriate Washington Youth Soccer Board member(s). If modified, please attach modifications to this application. **ALL PLAYERS MUST BE INSURED.** Per Washington Youth Soccer Rule 207 (a) All players under the jurisdiction of Washington Youth Soccer (includes Member Associations and Districts) must be insured through Washington Youth Soccer before being allowed to participate in any Washington Youth Soccer activities.

TOURNAMENT DIRECTOR  
SIGNATURE:



(Signature indicates that you have read the above statement and will adhere to these rules)

ASSOCIATION APPROVAL

CURT Carroll  President 3-13-19  
 Name Title Date

DISTRICT APPROVAL

Name Title Date

STATE APPROVAL

Jill Cooper Competitive Programs 3/21/19  
 Name Title Date  
Coordinator

### APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games King of the Hill Website URL: www.rsasoccer.org

Hosting Organization Rainier Soccer Alliance Type of Tournament:  Select  Recreational  Select & Rec

Designate Official of Hosting Organization Chuck Thompson Title Tournament Director Phone ( ) 253-985-0853 W

Address PO Box 531702 Email coachct@comcast.net Phone ( ) \_\_\_\_\_ H

City Puyallup State WA Zip Code 98373 Phone ( ) \_\_\_\_\_ FAX

State Association or Affiliate PCSA Guest Referees Applications Accepted  Yes  No

Location of Tournament or Games Heritage Recreation Center TEAM ENTRY DEADLINE: August 2, 2019

Date(s) of Tournament or Games August 16th-18th Estimated # of Teams \_\_\_\_\_

Tournament or Games Director or Contact Person Chuck Thompson Phone ( ) 253-985-0853 W

Address PO Box 531702 Email coachct@comcast.net Phone ( ) \_\_\_\_\_ H

City Puyallup State WA Zip Code 98373 Phone ( ) \_\_\_\_\_ FAX

Age Groups Accepted				Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-	9	8/11	2011	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	25	7	<input checked="" type="checkbox"/>	3	395	<input checked="" type="checkbox"/>
U-	10	8/11	2010	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	4	25	7	<input checked="" type="checkbox"/>	3	395	<input checked="" type="checkbox"/>
U-	11	8/11	2009	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	30	9	<input checked="" type="checkbox"/>	3	395	<input checked="" type="checkbox"/>
U-	12	8/11	2008	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14	4	30	9	<input checked="" type="checkbox"/>	3	495	<input checked="" type="checkbox"/>
U-	13	8/11	2007	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	35	11	<input checked="" type="checkbox"/>	3	495	<input checked="" type="checkbox"/>
U-	14	8/11	2006	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	35	11	<input checked="" type="checkbox"/>	3	495	<input checked="" type="checkbox"/>
U-	15	8/11	2005	RT, S3, S2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	4	35	11	<input checked="" type="checkbox"/>	3	495	<input checked="" type="checkbox"/>
U-	16	8/11	2004	RT, S3, S2	<input type="checkbox"/>	<input type="checkbox"/>	18	4	35	11	<input type="checkbox"/>	3	495	<input type="checkbox"/>
U-	17	8/11	2003	RT, S3, S2	<input type="checkbox"/>	<input type="checkbox"/>	18	4	35	11	<input type="checkbox"/>	3	495	<input type="checkbox"/>
U-	18/19	8/11	01/04	RT, S3, S2	<input type="checkbox"/>	<input type="checkbox"/>	18	4	35	11	<input type="checkbox"/>	3	495	<input type="checkbox"/>

\*List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT -Open only to members of US Youth Soccer and its State Associations.
- Team will be restricted to teams within the state association  Teams will be invited from all US Youth State Associations/Affiliates only.
- UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: WYS & US Club
- International Teams as listed: \_\_\_\_\_

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization



Date \_\_\_\_\_

### APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

WA Youth Soccer

Date 3/21/19

By Nicole Peters

Title Competitive Programs coordinator

In consideration of permission being granted to Rainier Soccer Alliance (Host Association) to hold a tournament at Heritage Recreation Center (city) Puyallup on the dates of August 16th -18th, 2019, we hereby agree that as the Tournament Host Organization we will, in addition to the US Soccer Hosting Agreement, abide by the following:

**CREDENTIAL CHECKS**

We agree that we shall conduct credential checks to ensure that:

1. All players are registered with U S Soccer or other affiliated organizations (ex: AYSO, USYS, YMCA)
2. All out of state and foreign teams present approved application to travel from the appropriate authority
  - (a) Out of state teams must have their State Organization Member approval
  - (b) All foreign teams must show USYS approval as well as approval from their Federation Organization Member
3. All foreign team players must present picture identification cards issued by the team's Federation Organization Member

**POST TOURNAMENT REPORT**

We agree that we shall file a Tournament Report with the National State Association (Washington Youth Soccer) granting us permission to host this tournament, within thirty (30) days of the conclusion of the tournament. We understand that failure to file the report shall preclude the tournament host from receiving sanction for the following seasonal year until the report is filed. The Tournament Report shall include the following information:

1. The number of teams participating in each age division
2. The name of the champion for each division, if a champion is determined
3. If "Sportsmanship Awards" are given, indicate the criteria for the award and to whom they were given
4. The number of fields used for the tournament
5. The name of the tournament sponsor, if any

**DISCIPLINARY COMMITTEE**

We agree that we shall appoint a Disciplinary Committee and that all cards issued will be written up on the Misconduct Report Form with punishments per Washington Youth Soccer Rule 605. All misconduct reports and Tournament Disciplinary Committee minutes will be sent to the Washington Youth Soccer Disciplinary Director, via the Washington Youth Soccer office within 48 hours of the completion of the tournament. We have selected a Disciplinary Committee Chair for the tournament:

Legal Name Chuck Thompson  
Date of Birth 05-28-1965 RMA # 33399-112107  
Street PO Box 531702  
City Puyallup State WA Zip 98373  
Phone ( ) 253-985-0853  
E-Mail coach1@comcast.net

**REFEREE ASSIGNOR**

We agree that in accordance with USSF Bylaw 532, we shall use only USSF registered referees who are in good standing for all tournaments games, and shall utilize one or three referee systems utilizing the diagonal system of control. We intend to use a three referee system for the following age divisions:

U9-U15

The referee assignor for the tournament is:

Legal Name Colin Leech  
Date of Birth 12-30-1946 RMA # 89561-50488  
Street 28301 45th Ave S  
City Auburn State WA Zip 98001  
Phone ( ) 206-549-1418  
E-Mail reasignor@yc2.net



# US Youth Soccer

## TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to Rainier Soccer Alliance to hold a tournament  
 or games at Heritage Recreation Center Puyallup WA  
(Hosting Organization) (City) (State)

On the dates of August 16th-18th, 20 19, we agree to the following conditions:

**ABIDE BY RULES:** We shall abide by all statements made in our approved US Youth Soccer *Application to Host A Tournament or Games*, in our tournament invitation, in our tournament rules, in the US Youth Soccer *Travel and Tournament Policy* and in this US Youth Soccer *Tournament or Games Hosting Agreement*. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin and that we will not advertise by any means the tournament or games until all approvals are received.

**INVITATIONS:** The tournament or games approval form shall accompany all tournament or games invitations distributed.

**HOUSING:** We agree that we will not require a team to use only accommodations approved or provided by the hosting organization or other organization, unless disclosure is made on the tournament application form of the required hotel/motel names and the guaranteed rates.

**PROCURING LIABILITY INSURANCE:** We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by Pullman Insurance Services

**REQUIRING MEDICAL AUTHORIZATIONS:** We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form. These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official

**ADVANCE PUBLICATION OF RULES:** We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.

**CREDENTIALS CHECKS:** We agree that we shall conduct credentials checks to ensure that all players are registered with US Youth Soccer or US Soccer or a member thereof or their national association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*. We agree that we will not modify or mark in any way original rosters or member passes; and will not register any player, coach, or team official or issue any member pass.

**USE OF US SOCCER REGISTERED REFEREES:** We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups: U11-U18. There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (NOTE: ONLY US Soccer certified assignors may be used.):

Name	<u>Colin Leech</u>	Phone	<u>(206) 549-1418</u>	W
Address	<u>28301 45th Ave S</u>	Email	<u>rsaassignor@yc2.net</u>	H
City	<u>Auburn</u>	State	<u>WA</u>	Fax
		Zip	<u>98001</u>	
		Phone	<u>( )</u>	

**AVAILABILITY OF POLICE AND RESCUE SERVICE:** We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed. We will use the following method(s) of contacting emergency services  
Alert Fire Station Prior to Tournament / Call 911 for emergency

**TOURNAMENT OR GAME RULES – BEHAVIOR:** We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that—


- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- indicate what procedures will be followed regarding protests and appeals;


- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
- state that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

**TOURNAMENT CANCELLATION:** We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

**POST TOURNAMENT OR GAMES REPORT:** We agree that we shall file any required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse..**

  
 \_\_\_\_\_  
 Signature of Hosting Organization Designated Official  
 11/27/2018  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Signature of Tournament or Games Director  
 11/27/2018  
 \_\_\_\_\_  
 Date

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Hosting Organization Rainier Soccer Alliance Phone (253) 365-8519 W  
 Address PO Box 531702 Email registrar@rsasoccer.org Phone ( ) \_\_\_\_\_ H  
 City Puyallup State WA Zip 98373 Phone ( ) \_\_\_\_\_ Fax

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Tournament or Games Headquarters Heritage Recreation Center Phone (253) 798-4703 W  
 Address 9010 128th St E Email fields@rsasoccer.org Phone ( ) \_\_\_\_\_ H  
 City Puyallup State WA Zip 98373 Phone ( ) \_\_\_\_\_ Fax



Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly

Please Type or Print Clearly

Name of Tournament or Games King of the Hill

Hosting Organization Rainier Soccer Alliance

State Association/or Sectional Director Pierce County Soccer Association

Location (City) of Tournament/Games Puyallup State WA

Date(s) of Tournament/Games August 16th-18th Estimated # of Foreign Teams 0

Tournament/Games Director/Contact Person Chuck Thompson Telephone Work (253) 985-0853 Ext. \_\_\_\_\_

Address PO Box 531702 Telephone Home (253) 985-0853

City Puyallup State WA Zip 98373 Fax (\_\_\_\_) \_\_\_\_\_

Foreign Teams to be Hosted

Name of Team to be Hosted _____	Age Division _____	M / F (circle one)
Country _____		
Name of Team to be Hosted _____	Age Division _____	M / F (circle one)
Country _____		
Name of Team to be Hosted _____	Age Division _____	M / F (circle one)
Country _____		
Name of Team to be Hosted _____	Age Division _____	M / F (circle one)
Country _____		

\*Attach a separate sheet for additional teams

Tournament/Games Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Names Must Be Submitted 30 Days Prior to Tournament

APPROVAL

(FOR OFFICE USE ONLY)

U.S. SOCCER FEDERATION, INC.

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

FOR HOSTING ORGANIZATIONS AFFILIATED WITH U.S. SOCCER FEDERATION ONLY

I certify that your tournament has been approved for domestic team participation.

By \_\_\_\_\_

Title \_\_\_\_\_

USSF Org. Member \_\_\_\_\_

Date \_\_\_\_\_