



Samuel Kishba
 C.D.Y.S.L.
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 Suite 10
 Albany, NY 12205-1142



Please Type or Print Clearly - Do Not Staple

Affiliated with the Federation International de Football Association

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games North East Soccer Showcase Website URL: swysc.net
 Hosting Organization SWSC Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Christina Slade Title VP Phone () _____ W
 Address P.O. Box 1292 Email cslade4@nycap.rr.com Phone (518) 727-4388 H
 City Saratoga Springs State NY Zip Code 12866 Phone () _____ FAX
 State Association or Affiliate Eastern New York Soccer Association Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Gavin Park, Wilton NY 12831 **TEAM ENTRY DEADLINE:** March 8, 2013
 Date(s) of Tournament or Games Saturday, April 27, 2013 & Sunday April 28, 2013 Estimated # of Teams 64
 Tournament or Games Director or Contact Person Stephen Hogan Phone () _____ W
 Address P.O. Box 1292 Email firsttouch2011@gmail.com Phone (931) 309-7927 H
 City Saratoga Springs State NY Zip Code 12866 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-	15	8/11	97	S1, S2, S3, S4	x	x	22	5	70	11	<input type="checkbox"/>	3	675	<input type="checkbox"/>
U-	16	8/11	96	S1, S2, S3, S4	x	x	22	5	70	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U-	17	8/11	95	S1, S2, S3, S4	x	x	22	5	70	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U-	18	8/11	94	S1, S2, S3, S4	x	x	22	5	70	11	<input type="checkbox"/>	3	750	<input type="checkbox"/>
U-		8/11			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		8/11			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<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.
 TOURNAMENT **UNRESTRICTED** Other US Soccer Members as listed: 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

Christina Slade

Date 10/28/12

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

By *Joannem Poth*

Date 12/3/2012
 Title officer



US Youth Soccer

TOURNAMENT OR GAMES HOSTING AGREEMENT

C.D.Y.S.L. *ole*
10 Aviation Road
Suite 10
Albany, NY 12205-1142

In consideration of permission being granted to SWSC to hold a tournament
or games at Gavin Park Wilton NY
(Hosting Organization) (City) (State)

On the dates of April 27 & 28, 20 13, 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 _____

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: U15, U16, U17, 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 ~~State~~ Coach CDYSSL / Tammy Koshbaugh Phone 518 435-2325 W
Address 19 Aviation Rd. Suite 10 Email cdyssl@state.ny.us Phone _____ H
City Albany State NY Zip 12208 Phone 518 435-2328 Fax

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 _____
Trainers on site and Cell Phone for emergencies

TOURNAMENT OR GAME RULES – BEHAVIOR: We agree that our tournament or game rules shall state what 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..**

Christina Glade
 Signature of Hosting Organization Designated Official
 10/22/12
 Date
 # 518-727-4388

Jeffrey Hoger
 Signature of Tournament or Games Director
 10/22/2012
 Date
 # 931-309-7927

Hosting Organization SWSC Phone () _____ W
 Address P.O. Box 1292 Email _____ Phone () _____ H
 City Saratoga Springs State NY Zip 12866 Phone () _____ Fax

Tournament or Games Headquarters Gavin Park Phone () _____ W
 Address Lewis Rd. Email _____ Phone () _____ H
 City Wilton State NY Zip 12831 Phone () _____ Fax