

9 YOUTH DIVISIONS

Divisions are determined by grade and include:

- Coed U-8 Grades 1 - 2
- Boys & Girls U-10 Grades 3 - 4
- Boys & Girls U-12 Grades 5 - 6
- Boys & Girls U-14 Grades 7 - 8
- Boys & Girls U-18 Grades 9 - 12

There is an admission fee for this event of \$3.00 per day for adults and \$1.00 per day for children ages 6 - 13. Adults may purchase a tournament pass for \$5.00. Concessions will be available.

There are no refunds after February 23, 2018. The registration will not be processed without the entry fee. The completed form and \$100.00 registration fee must be dropped off, mailed and postmarked or faxed to 920-467-4641 (credit card only) by February 23, 2018 to the:

Sheboygan Falls YMCA
305 Buffalo Street
Sheboygan Falls, WI 53085

Download additional registration forms at www.sheboygancountyyymca.org.



TOURNAMENT RULES

Teams must follow the YMCA code of conduct: to behave in a manner that upholds the four principles of Caring, Honesty, Responsibility and Respect.

- If a team name violates the code of conduct, the coach will be contacted prior to the tournament to change the team name.
- If team t-shirts are offensive or deemed inappropriate, the team will be expected to change shirts prior to the first game of the tournament.

Teams should consist of 4 or 5 players, but may compete with three players.

Teams are guaranteed three games. The game is played in two 12-minute halves or until a team has a 12 goal differential, whichever comes first. There are no 2-point goals. There will be a 2-minute halftime.

Games tied after regulation play will end in a tie.

Players must report to the school 15 minutes before game time. A game may be forfeited at the discretion of a referee if a team is not on time.

There are no time outs and no off-sides.

Pool tiebreaker as follows:

- a. Head - head results between tied teams.
- b. Goal differential between the tied teams.
- c. Golden goal play-off; sudden death.

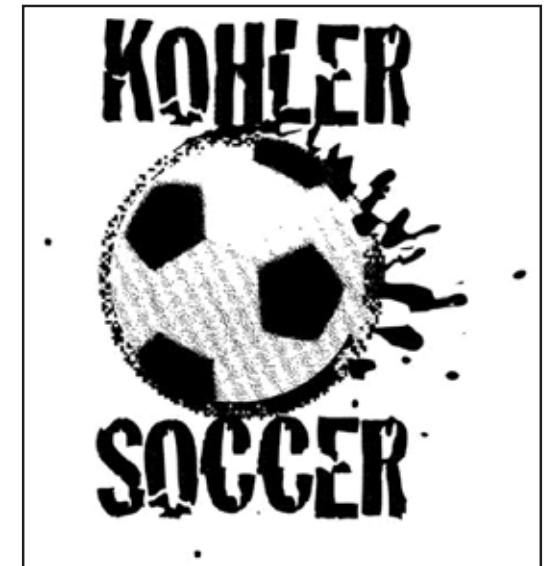
The schedule and rule packet will be mailed or emailed to the coach. For more information, please contact Fred at 920-467-2464 x207 or fhuether@sheboygancountyyymca.org.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Scott Roberts Memorial

3 on 3 Indoor SOCCER Tournament



**March 10 - 11, 2018
at Kohler Schools**

MARCH 10 - 11, 2018 KOHLER SOCCER TOURNAMENT REGISTRATION

Please **print** all information. All players will be required to provide proof of age. Falsifying information will result in disqualification from the tournament and forfeiture of the registration fee. The completed form and \$100.00 registration fee must be mailed and postmarked on or before February 23, 2018. Please mail, fax or drop off form to: Sheboygan Falls YMCA, 305 Buffalo Street, Sheboygan Falls, WI 53085 | P 920-467-2464 | F 920-467-4641

Team Name _____ **Coach** _____
Phone _____ Email _____

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities. **Parents - please sign below your child's name to give your permission for participation.**

Captain _____ Birth Date _____ M F
Address _____ City _____ Zip _____
Parent/Guardian Signature _____ Phone # _____

Player #1 _____ Birth Date _____ M F
Address _____ City _____ Zip _____
Parent/Guardian Signature _____ Phone # _____

Player #2 _____ Birth Date _____ M F
Address _____ City _____ Zip _____
Parent/Guardian Signature _____ Phone # _____

Player #3 _____ Birth Date _____ M F
Address _____ City _____ Zip _____
Parent/Guardian Signature _____ Phone # _____

Player #4 _____ Birth Date _____ M F
Address _____ City _____ Zip _____
Parent/Guardian Signature _____ Phone # _____

DIVISIONS ARE DETERMINED BY GRADE. PLEASE CHECK APPROPRIATE BOX:

Coed Division	Boys Division	Girls Division	Fee
<input type="checkbox"/> U-8 Grades 1 - 2	<input type="checkbox"/> U-10 ... Grades 3 - 4	<input type="checkbox"/> U-10 Grades 3 - 4	<input type="checkbox"/> \$100.00 per Team
	<input type="checkbox"/> U-12 ... Grades 5 - 6	<input type="checkbox"/> U-12 Grades 5 - 6	
	<input type="checkbox"/> U-14 ... Grades 7 - 8	<input type="checkbox"/> U-14 Grades 7 - 8	
	<input type="checkbox"/> U-18 ... Grades 9 - 12	<input type="checkbox"/> U-18 Grades 9 - 12	

Receipt # _____ Amount Rec'd _____ Rec'd On _____ Rec'd By _____
18W2-2YTOURSOCC..