

Stanford Cup 2010 Registration

You think your have the best team around? Want a chance to prove it? Then enter the tenth annual Stanford Cup 4v4 Tournament for CYSA* level players. Play on the Stanford soccer fields this May 3rd and showcase your personal and team skills. Stanford soccer players will serve as referees for the games. Come for the fund in the sun!! *This event is not a CYSA sanctioned tournament. CYSA is only used to designate level of play. CYSA insurance does not cover this event.

Cost: \$325.00 per team

Includes: Stanford Cup T-Shirt
4v4 competition (6 game minimum)

Eligibility: U-9, U-10, U-11, U-12, U-13*
Boys or Girls
* Fall 2009 ages

Roster: Teams of 6-10 (recommended max. 10)

Sign Up: Each team must send in a team registration form and a check for \$325 along with a waiver form, completed and signed, for each individual team member (all packaged together).

- * Games are 20 minutes long & played on the Laird Q. Cagan soccer field
- * Each team will play six games
- * Field will be approximately 20x40 yards
- * No use of hands are permitted (no goalkeepers)
- * Unlimited substitution (referee's discretion)
- * No corner-kicks – a throw-in from the corner will be taken instead
- * Goal-kicks will be taken from the end-line
- * Teams will be matched in the afternoon According to their point standing after the morning games
- * 3 points per win, 1 point for a tie, and 1 point for each goal up to 3 goals – tie breaker is head to head then goal differential.

Schedule (Sunday, May 2, 2010)

8:00 AM Check-in Begins
9:00 AM Play Begins
12:00 PM Lunch Break
2:00 PM Play Resumes
5:00 PM End of Day



Registration Deadline is
APRIL 28th
Hurry! This event sells out
year after year!!

QUESTIONS?

Email – camps@stanfordsoccer.com
Phone – (408) 261-1982

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Players Name: _____
Gender: M F **Age Group:** U9 U10 U11 U12 U13
D.O.B. (mm/dd/yy) _____
Street Address; _____
City/State/Zip: _____
Day Phone: _____
Evening Phone: _____
Email Address: _____
Team Name: _____
Team Contact: _____ **Phone:** _____
T-Shirt Preference: (circle one) YM YL AS AM AL AXL

Emergency Contact: _____
Emergency Phone: _____
Medical Insurance Carrier/Policy#: _____

I hereby authorize the Stanford Cup medical staff to act for my son or daughter according to their best judgment in any emergency requiring medical attention, and I hereby release the tournament from any and all liability for any physical injuries or illness that may occur to the above named player at the Stanford Cup. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the Stanford Cup as outlined in this brochure. My signature on this waiver also states that the above named player is covered by my personal medical insurance policy.

* If this player has any medical conditions of which our medical staff should be aware, please explain on the back of this form.

Signature: _____
Date: _____

Team contact person should mail a check for \$325 made out to "Stanford Soccer Academy" along with the team registration form and all individual player registration forms together to:
Stanford Cup 4v4 Registration * c/o Stanford Soccer Academy * PO Box 10430 * San Jose, CA 95157-0430