

IMPORTANT INFORMATION SAVE FOR REFERENCE

KANSAS CITY CHAMPIONS CUP TOURNAMENT

April 12 and April 13, 2008

APPLICATION INFORMATION DEADLINE: March 21, 2008

Fees:

\$450.00 U9, U10 Premier (These age groups will play 6v6 with maximum roster size of 11)

\$450.00 U11, U12 Premier (These age groups will play 8v8 with maximum roster size of 14)

\$500.00 U-12 Premier (This age group will also have the option to play 11v11)

\$500.00 U13, U14, U15, U16 (These age groups will play 11v11 with maximum roster size of 18)

\$500.00 U17, U18, U19 (These age groups will play 11v11 with maximum roster size of 22)

NO applications will be accepted without full payment. Applications must include the complete tournament fee.

AWARDS:

Will be presented to 1st & 2nd placed teams.

GAMES:

Minimum of 3:

Boys: U9 through U19

Girls: U9 through U14

APPLICABLE RULES:

United States Youth Soccer Association, subject to specified modifications.

SANCTIONING BODY:

Kansas Youth Soccer Association

ELIGIBLE TEAMS:

S1, S2, S3, S4, ODP Team

GUEST PLAYERS:

Maximum 5, U17-U19 rosters are limited to 22 players (18 eligible per game), U13 – U16 are limited to 18 players, U11 – U12 Competitive are limited to 14 players, U9 - U10 Competitive are limited to 11 players. U9 up to U12

CREDENTIALS:

All players and coaches must have a laminated 2007-08 USYSA player pass with a picture and signature. All players are required to bring a medical release form (MUST BE NOTARIZED) Birth certificates are not required.

ACCEPTANCE:

- Rules, accepted teams, schedules, and field locations will be available at www.heartlandsoccer.net
- No refunds after team has been accepted into the tournament.
- If not accepted you will be automatically placed on the waiting list, or you can request a refund at any time.

KC CHAMPIONS CUP TOURNAMENT

FRIDAY – April 11th
Check in for all out of town and local teams.
No teams will be allowed to check in at Heritage Soccer Park.

Team check in: Friday, April 11th, 2008 (All teams)
Overland Park Doubletree Hotel
10100 College Boulevard, Overland Park, KS 66210

Items to bring for team check in:

A copy of your certified state roster
Signed, laminated player passes for each player and coach
Medical waivers
Completed Tournament field roster
Guest player permits if applicable
Travel permit if applicable

ADDITIONAL INFORMATION:

Tournament Director: Shane Hackett, 913/888-8768 Fax: 913/888-0362
Dave Morrow, 913/888-8768

Check for updates Heartland Web Site: www.heartlandsoccer.net

Tournament Address: KC Champions Cup
c/o Heartland Soccer Association
10841 W 87th Street , Ste 300
OVERLAND PARK, KS 66214
Info@heartlandsoccer.net

DISCLAIMER:

Overland Park Soccer Club/Heartland Soccer Association/ KC Champions Cup will not be held responsible for any reason which may affect the game format. In the event of tournament or division cancellation due to acts of God, inclement weather, or other reasons beyond our control, only a portion of entry fees will be refunded.

KC CHAMPIONS CUP APPLICATION
TOURNAMENT ENTRY DEADLINE: March 21st, 2008

April 12, and 13, 2008 U-9 to U14 (Girls) U-9 to U-19 (Boys)
Premier teams

Team Name _____ Club Name _____
(as you want it to appear in print)

Age Group: U-____ Sex:____ Premier:____ State Association _____

U-12 - Please denote: 8 v 8 _____ 11 v 11 _____

Coach's Name: Last _____ First _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Coach's email: _____

Team Contact Person's Name: Last _____ First _____

Address: _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email Address: _____

League record: _____ W _____ L _____ T Age: _____ Division: _____

Tournament Name	Record	
_____	_____ W _____ L _____ T	Place: _____
_____	_____ W _____ L _____ T	Place: _____
_____	_____ W _____ L _____ T	Place: _____

Waiver of Liability:

We as representative of this participating team, to induce Overland Park Soccer Club/Heartland Soccer Association/ KC Champions Cup to accept this team application and permit participation in the 2008 KC Champions Cup Tournament, do hereby release, indemnify and hold harmless Overland Park Soccer Club/ Heartland Soccer Association, officials, sponsors, coaches, referees, and/or representatives from any claim arising from injury to a named participant of this team and hereby certified that each player registered is covered by an approved medical insurance plan as required for youth soccer. We recognize and acknowledge that adverse weather is an act of God and agree to accept the decisions of the tournament officials at to playability and therefore the outcomes of competition without any appeal, objection or compensation whatever.

Signed: _____ Print Name: _____ Date _____
Team Coach or Club Official

Make check payable to Heartland Soccer Association
Mail to: **Heartland Soccer Association**
KC Champions Cup
10841 W 87th Street , #300
OVERLAND PARK, KANSAS 66214