



EPA Cup Soccer Tournament

Registration Information

Welcome to the first EPA Cup Soccer Tournament, the first all East Palo Alto open soccer tournament. This goal of this tournament is to be fun and affordable for everyone involved. This is a 4 v 4 tournament. Every team will be guaranteed at least 3 games. Trophies will be award to the 1st place team in each bracket, and medals to the 2nd place teams.

Dates and Times

The tournament will be Saturday, July 31, from 9 am to 6 pm at Cesar Chavez School.

Teams

Each team can have from 4 to 6 players registered on a team, but only 4 will be on the field at any one time. Teams will play in one of the following age brackets:

Boys 9 – 11	Girls 9 - 11
Boys 12 – 14	Girls 12 - 14
Boys 15 – 18	Girls 15 – 18

Players can play up into a higher age bracket, but not a lower age bracket. For the tournament, your age is the age you will be on the day of the tournament, July 31.

We prefer that you organize your own teams and register as a team together using the attached forms. However, if you want to register as an individual, we will try to place you on a team.

Tournament Fee

The cost to enter a team is \$60 for the team. If you are registering as an individual, pay \$10 and we will try to find you a team to play on.

Registration

To register, fill out the attached individual forms for each player, and then fill out the team form, and put all forms together with \$60 cash or check into the slot at 2379 Dumbarton Ave. in EPA. Please make the checks out to "RYAA". We will call you with your start time for your first game in the tournament.

If registering just as an individual, fill out an individual registration form and submit it along with \$10.

We **MUST** have proof of age. You can either make a copy of a birth certificate or ID card for each player and submit that copy with your registration form, OR bring proof of your age to the tournament when you check in. If you have played with RYAA before and have shown us proof of your age, you do not need to do it again.



EPA Cup Player Form

Player's Information/Información del jugador

First Name/Nombre		Last Name/Apellido	
Address/ Dirección			Apt.
City/Ciudad	Zip	Home Phone#/ Teléfono	

Birthdate/Fecha de Nacimiento	Gender/Sexo <input type="checkbox"/> M <input type="checkbox"/> F
School/Escuela	Grade/Grado

Emergency and Medical Information

Emergency Contact (not living with child)/Contacto de Emergencia (no viviendo con ustedes)	Emergency Contact Phone #/Teléfono
Disabilities, handicaps, allergies to medication, current injuries, etc. / desventajas, alergias a la medicación, lesiones, etc.:	

Father/Padre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
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Mother/Madre

First Name/Nombre	Last Name/Apellido	Home Phone/Teléfono en casa	Cell Phone
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EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the coaches, team parents, the above-identified Emergency Contact and/or other RYAA officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.

CONSENT TO USE PHOTOGRAPHS AND VIDEOS: I, the undersigned parent or legal guardian, consent to the use of photographs and videos of my child by the RYAA for promotional purposes, and without compensation.

ASSUMPTION OF RISK AND WAIVER: In consideration of being allowed to participate in the Ravenswood Youth Athletic League (RYAA) athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, discharge and hold harmless the Ravenswood Youth Athletic Association, Inc., their volunteers, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law, whether arising from negligence or otherwise.

I have read the above statements, I understand that I and the above player have given up substantial rights by signing this form and agreeing to these terms, and I agree to these terms freely and without inducement.

Parent Signature: _____

Date: _____

For Office Use Only		
DOB	Check #	Amount



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