

The Flurry Indoor Tournament

Watertown Youth Soccer Association

Feb 23rd - Feb 25th, 2018

ALL FORMS ARE ON WWW.WATERTOWNSOCCER.COM

Tournament - The Flurry is an open registration tournament for US Youth Soccer and US Soccer Assn. recreational and club organizations. The U9 teams will be organized to participate in three games without a championship. The U10 - U19 will be organized into two levels, Classic and Premiere, and will be guaranteed a minimum of three games with possibility of a semi-final and championship round. Please see official rules.

Schedule and Brackets – We will be working diligently to have the schedule posted (or a link) on the website Feb 15th, 2018.

Venue – The tournament will be held at brand new Watertown Recreation Center and the new Watertown Middle School both are all on wood floors located and located at 1700 11th St NE, Watertown, SD 57201.

Check In – Check in will start at 4:00 pm Friday at the Middle School Cafetorium. PLEASE check in your team (1) hour prior to your first match. The Check-In Form including the list of required documents are provided below.

Accommodations –

Country Inn & Suites – 605-886-8900

Junction I-29 and Hwy 212

Days Inn – 605-886-3500

2900 9th Ave SE (East Hwy 212)

Hampton Inn – 605-878-1800

2720 9th Ave SE (East Hwy 212)

Holiday Inn Express - 605-882-3636

3901 9th Ave SE (East Hwy 212)

Quality Inn – 605-886-3010

800 35th Street Circle, Junction I-129 & 212

Ramkota, Best Western – 605-886-8011

1901 9th Ave SW (West Hwy 212)

Super 8 605-536-0519

303 14th Ave SE (South Hwy 81)

Pay by Check Registration Form

Please send payment to WYSA Flurry, PO Box 556, Watertown, SD 57201

Club or Association Name: _____

Registrar Name: _____

Phone Number: _____

Team #1 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #2 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #3 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #4 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #5 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #6 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #7 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Team #8 Name: _____ \$250.00 (circle one)
Boys or Girls U9, U10, U11, U12, U13, U14, U15, U16, U19 Classic or Premiere

Total

Please include more teams or any special requests below.

Release of Liability

THE UNDERSIGNED PLAYER/PARENT/GUARDIAN in consideration for the Watertown Middle or High School, the Watertown Recreation Center and Watertown Youth Soccer Association providing facilities for the above named activity for which myself or my child is registered does hereby:

1. I assume all risks and responsibility of possible damage or injury involved through participation in this event.
2. I understand that I am to furnish my own insurance in case of injury.
3. I certify that I or my child is in good health and is capable of participation in this event.
4. I agree to indemnify and hold harmless the Watertown School District, Watertown Recreation Center, Watertown Youth Soccer Association, all owners, sponsors, and management from liability resulting from my or my child's participation in this event.
5. I understand that Watertown Youth Soccer Association through its representatives and family/friends of players may take photographs during this tournament which could mean that myself or my child is in those photos. I authorize Watertown Youth Soccer Association to use such photos in its publications, advertisements or any other lawful purpose or manner. I hereby release Watertown Youth Soccer Association from all claims and liability relating to such photographs.

I do hereby agree to the above for myself or my child to participate in this event.

Player's Name (Print) _____ Age _____

Player's Signature _____ Date _____

If player is under the age of 18 at time of registration:

Parent/Guardian's Name (Print) _____

Parent/Guardian's Signature _____ Date _____

Emergency Contact Number: _____

Team Check-In Form

Check in will start at 6:00pm Friday at the Watertown Middle School at 1700 11th St NE, Watertown, SD 57201. PLEASE check in your team (1) hour prior to your first match. **Only the Team parent needs to check the team in. The team does NOT need to be present.**

Please provide at check in:

- _____ This completed Check-In Form
- _____ Two copies of your Roster.
- _____ Release of Liability Form for each player.
- _____ Player Card for each player

IN CASE OF EMERGENCY

WHO WILL BE THE PRIMARY TEAM CONTACT WHILE IN WATERTOWN

NAME: _____

CELL PHONE#: _____

PRIMARY TEAM CONTACT SIGNATURE: _____

Secondary Contact is the Team Coach:

NAME: _____

CELL PHONE#: _____

HOTEL INFORMATION (IF APPLICABLE)

HOTEL NAME: _____

NUMBER OF HOTEL ROOMS OCCUPIED BY YOUR GROUP: _____