

**25th Annual JUSA Kick-off Tournament**  
**U-15 to U-19 August 27 - 28, 2005 / U-9 to U-14 September 3 - 4, 2005**  
(Please type or Print)

BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_ 2004 AGE LEVEL U- \_\_\_\_\_ OLDEST BIRTHDATE: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

TEAM NAME \_\_\_\_\_ CLUB NAME \_\_\_\_\_ LEAGUE NAME \_\_\_\_\_

TEAM CONTACT PERSON \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HEAD COACH \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

2003-2004 OVERALL TEAM RECORD: WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_

2003 LEAGUE PLACEMENT: PREMIER \_\_\_\_\_ GOLD \_\_\_\_\_ SILVER \_\_\_\_\_ BRONZE \_\_\_\_\_

LEAGUE RECORD: WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_ LEAGUE FINISH \_\_\_\_\_ LEAGUE CUP FINISH \_\_\_\_\_

NATIONAL STATE CUP FINISH \_\_\_\_\_ OPEN STATE CUP FINISH \_\_\_\_\_ 2005 LEAGUE PLACEMENT \_\_\_\_\_

2003-2004 TOURNAMENT RECORD:

TOURNAMENT NAME \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_ FINISH \_\_\_\_\_

TOURNAMENT NAME \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_ FINISH \_\_\_\_\_

TOURNAMENT NAME \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_ FINISH \_\_\_\_\_

TOURNAMENT NAME \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES \_\_\_\_\_ TIES \_\_\_\_\_ FINISH \_\_\_\_\_

TOURNAMENT FLIGHT PLACEMENT PREFERENCE: GOLD \_\_\_\_\_ SILVER \_\_\_\_\_ BRONZE \_\_\_\_\_

OTHER INFORMATION TO HELP US PLACE YOU: \_\_\_\_\_

**WAIVER OF LIABILITY** (I)/We the undersigned representative of this participating team, to induce JUSA to accept this team and permit this team's participation in the JUSA Kick-off Soccer Tournament, do agree to release, indemnify, and to hold harmless JUSA officials, participating School Districts, California State University, Fullerton, sponsors, parks and recreation, cities, coaches, referees, and/or representatives from any claim arising out of any injury to named participants or representatives of this team, and I/we certify that each player registered on this team is covered by an approved medical insurance plan as required for youth sports. Further, (I)/ we recognize and acknowledge that adverse weather is an act of God and (I)/ we will accept all decisions regarding play ability of facilities (and therefore the outcome of the competition) by the tournament as final without objection or appeal. There will be no refund compensation for lost games due to weather or forfeitures, or acts of God. NOTE: Team official is responsible for the accuracy and correctness of all information provided.

**Signature of Team Official** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE MAIL THE ABOVE COMPLETED AND SIGNED APPLICATION, ALONG WITH YOUR CHECK PAYABLE TO JUSA FOR **\$525.00** POSTMARKED PRIOR TO JULY 28, 2005 TO:

JUSA  
C/O Danielle Shader  
21065 Via Toledo  
Yorba Linda, CA 92886

**NO REFUNDS after August 09, 2005**  
**Note: The fee for U-9,U-10 is \$425.00 Fax: 714- 970-1368 Hotline: 714- 970-1368**

DATE RECEIVED \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ BANK \_\_\_\_\_