

# **3<sup>rd</sup> Annual Soccer Tournament**

When: **Sunday April 24<sup>th</sup>, 2011**

Time: **10 AM Check-in**

7 vs. 7 Tournament,

With up to 10 people registered per team.

**Registration Deadline –**

**Thursday, April 21, 2011 by NOON \$70 per team**

**Proof of insurance can be emailed as a picture file with**

**Player Name and Team Name to**

**HSC.NJIT@GMAIL.COM**

Optional Insurance Available for \$10 a person

**FREE FOOD, MUSIC, AND MORE!**

REGISTER in the HOST/SHPE OFFICE in the campus  
center basement!

ANY QUESTIONS CONTACT

EDGAR ESTRADA AT 908-405-8535

Sign up quick, team spots are limited!



# Team Registration Form

Fill out the form as accurately as possible. The captain is responsible for communication for announcements to all team members. It is also his/her responsibility to spread good sportsmanship to his/her teammates and to promote a healthy game. WRITE NEATLY!

## Team – Name and Colors

Name of Team\_\_\_\_\_

Organization (optional)\_\_\_\_\_

Home/Away Colors\_\_\_\_\_

(Pick two completely different colors)

## Captain - Information

Full name\_\_\_\_\_

Email\_\_\_\_\_

Phone Number to be reached at: \_\_\_\_\_

Age/Year in school\_\_\_\_\_

## Team Information (7 min, 10 max)

Players 2 thru 10 Email (Print clearly)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

## Team Registration Form

### GAME RULES\*

1. The tournament will be run with mini 7 vs. 7 soccer games on smaller than normal field sizes. Time of halves and field size will be determined on a later date according to amount of teams registered. All other standard FIFA rules apply if not mentioned differently in any of the rules mentioned here.
2. Referees will be at the game and will be respected at all times. Standard yellow and red cards will be given. Two consecutive yellows in the same match will yield a red and two consecutive yellows in sequential matches will yield a suspension for the following game. A minimum of 6 players must be NOT suspended in a match order to participate in the match or a forfeit will occur.
3. THERE WILL BE NO SLIDE TACKLING AT ALL. ANY CLEAN SLIDE TACKLE WILL SIMPLY BE WARNED BUT AS SOON AS A SLIDE TACKLE IS NOT CLEAN, YOU WILL RECEIVE A RED CARD REGARDLESS IF INTENTIONAL OR NOT. Slide Tackling is to be completely avoided. This rule will be heavily enforced to protect the safety of the players. TWO RED CARDS IN THE WHOLE EVENT BY A SINGLE PLAYER WILL RESULT IN SUSPENSION FROM THE TEAM for the rest of the tournament.
4. Depending on the amount of teams, group games will not have extra time until the knockout round.
5. Please have all team members bring the two jersey colors they signed up for on page 1 of this packet. Any member not wearing the jersey required will not be allowed to play.

\*Rules can change without notice up until day of tournament. Revised versions will be emailed to participants. Additional Tournament Rules such as length of matches, etc. will be added once the cap limit of teams are registered.

## Player Conduct Agreement

**By signing this form you agree to the following regulations.**

- 1. All referee calls are final and can only be overturned by Tournament Commissioner.**
- 2. Any in-game deliberate aggression with intention to do harm to another individual will be awarded a red card and expulsion from the tournament. Referees and/or Tournament Commissioner have final say and cannot be refuted.**
- 3. Any physical altercation outside of the nature of the sport between players will be regarded as an act of fighting and will result in the expulsion of any and all players involved.**
- 4. If any altercation is deemed excessive, Tournament Commissioner has the right to expel any team from the tournament with no refund.**

**Please sign below if you will adhere to the conditions above and all other Tournament Regulations.**

	Print Name	Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

## Team Registration Form

### **3<sup>RD</sup> Annual Soccer Tournament Participant Waiver Release Form**

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**New Jersey Institute of Technology**

**Athletic Department**

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Guest Name(s):

Address:

NJIT Sponsor:

- ☐ Student
- ☐ Staff/Faculty
- ☐ Alumni

*Fees:*

- ☐ 1 Day/Night (One Person) \_\_\_\_\_ \$10
- ☐ Four Month Membership (One Person) \_\_\_\_\_ \$ 200
- ☐ Yearly Membership (One Person) \_\_\_\_\_ \$ 500
- ☐ Yearly Membership (2 people) \_\_\_\_\_ \$ 750

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Athletic Department Representative

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Date

University Heights  
Newark, NJ 07102-1982

973-596-3636  
973-596-8295 fax

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