

Alden Soccer Tournament 2025

June 20th, 21st, & 22nd



Team Name _____ Age Group _____ Boys ____ Girls ____

Coach Name _____ Cell # (_____) _____

Team Manager Name _____ Cell # (_____) _____

Coach or Manager is to initial each of the lines below upon completion. Forms must be returned before the tournament (no later than June 24, 2024) Please be sure to sign the bottom of this form before sending. Once all forms are complete, you may scan all documents and send via email to aldensoccertourney@gmail.com. Please include your team's name and division in the subject line.

_____ #1 – Team Roster

(**Must** list each players' full name, birthdate, jersey number, and player pass number)

_____ #2 – Player passes/passbooks

(Do **NOT** send copy but will be needed at team check in the day of tournament)

_____ #3 – Completed Liability & Medical Release Waiver Form

(**Must** be signed by each player's parent or guardian and team representative)

_____ #4 – The team has read and understands the Zero Tolerance Policy enforced by NYSWYSA and BWNYJSL as well as the Tournament Rules.

_____ #5 – At least one hour before the teams' first game, a team representative must check in at the registration table (located near the concession stand) to check in, verify roster and any possible schedule changes.

I certify to the Alden Soccer Club that the following items will be in the possession of a team official at each of the team's matches in the Alden Soccer Tournament: Medical Release Form, Liability Waiver Form, Official Team Roster, and Passes/Passbooks for ALL players and team officials. These documents will be surrendered to tournament officials upon request. I will not permit any player, coach, or manager to participate in the tournament who fails to have the foregoing documentation present at the field or whose credentials have not been verified by tournament officials. I understand that the Alden Soccer Tournament is conducted under the Zero Tolerance Policy established by New York State West Youth Soccer Association and Buffalo/Western New York Junior Soccer League. The team has reviewed the Tournament Rules and all parties agree to abide by those rules. I understand that if our team is in violation of any of the foregoing, our team will forfeit one or more games at the discretion of the Tournament Committee and will be subject to the sanctions of the Tournament Rules and Zero Tolerance Policy. There shall be no protests and no refunds.

_____ Coach/ Manager Signature _____ Date