

2012 EARLY BIRD SPRING SOCCER INVITATIONAL TOURNAMENT

FREQUENTLY ASKED QUESTIONS

1. What type of teams may apply?

Any select / traveling team that is in good standing with their US Youth Soccer state association, USSF National Association, or Provincial Association, may apply, including tournament teams.

2. When is the entry deadline?

The entry deadline is March 1, 2012.

3. Where are the fields?

The 2012 Early Bird Spring Soccer Invitational Tournament will be held at the Spindler Road Park, 2121 Spindler Road, Hilliard, Ohio 43026

4. What age groups are being offered?

The tournament is open to ages U-8 through U-19, both boys and girls

5. When and where will the team check-in be held?

The team check-in will be held Friday night, March 24th, 6 p.m. until 9 p.m. at the office of the Mid-Ohio Select Soccer League, 670 Lakeview Plaza, Suite D, Worthington, Ohio 43085. The MAPQUEST location can be found at the following link:

<http://www.mapquest.com/maps?city=Worthington&state=OH&address=670+Lakeview+Plaza+Blvd&zipcode=43085-4783&country=US&latitude=40.11327&longitude=-82.997758&geocode=ADDRESS>

6. Does the whole team have to be at the team check-in?

No. Only a representative from each team needs be at the team check-in to pick up the team packet of programs, goodies, etc.

7. What should I bring to the team check-in?

Bring a copy of your approved/stamped team roster, a travel permit, (if you are from outside of Ohio South), your player registration forms, (to verify if the player's parents have signed the medical treatment to release at the bottom of the form), as well as your player and coach passes. Up to 5 Guest Players are permitted on each team. Guest players must have passes and be on a guest player roster. If you are from Ohio South, you can go to the Ohio South website, OSYSA.COM, click of the e-Travel button. Fill out and print the tournament guest player roster form on line. You must bring this Tournament Guest Players Roster form to the team check in.

8. What about an "Authorization to Treat Form"? (also known as a Medical Release)

Our tournament does not require that each player have an Authorization to Treat form. However, if a player is at the tournament without their parents, it is STRONGLY RECOMMENDED that the parents complete the form and send it with the team.

9. Who needs a travel permit?

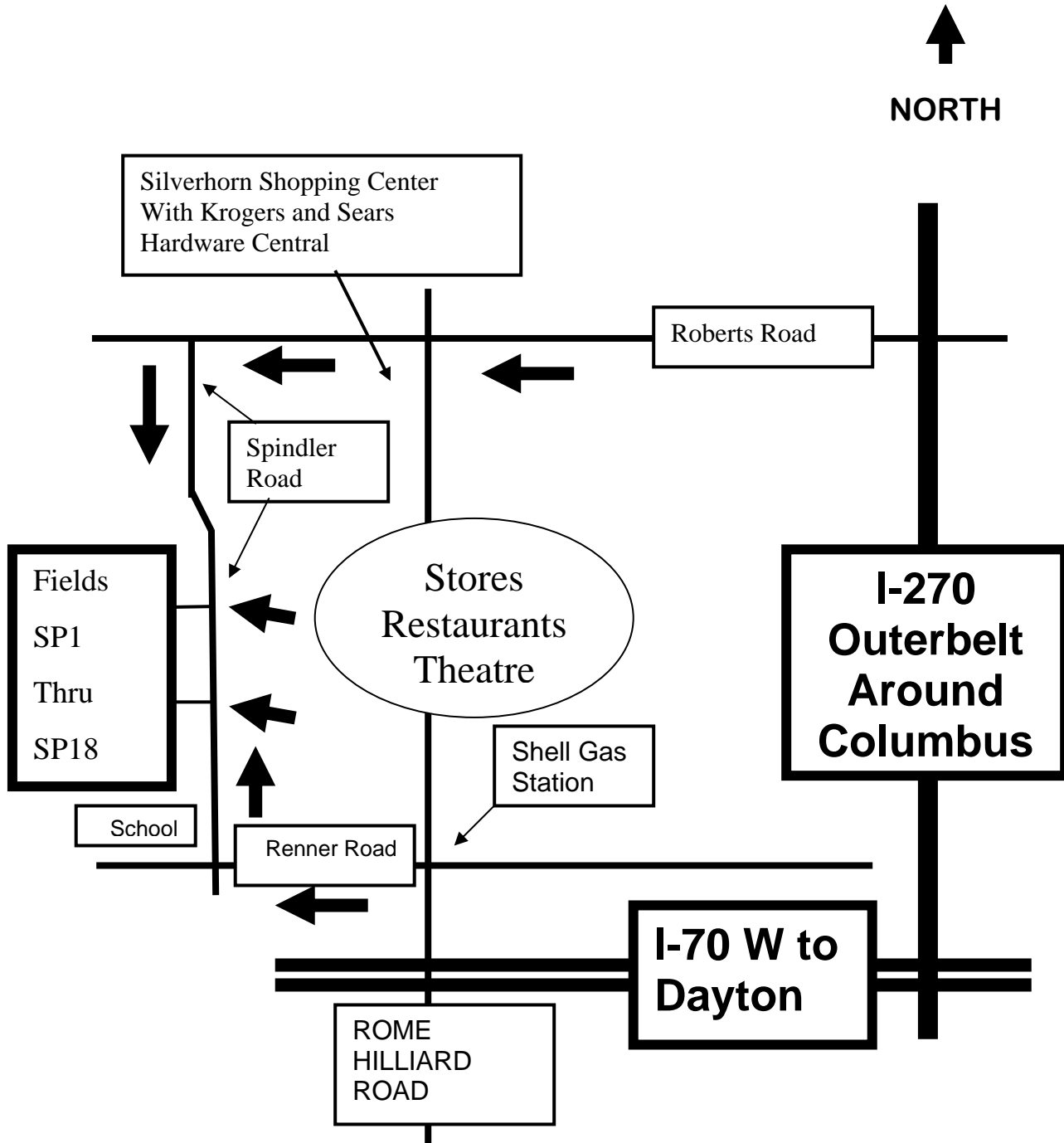
If your team is from outside of Ohio South, your team MUST bring an approved travel permit to the team check-in on Friday, March 26th. Teams from Ohio South Youth Soccer Association or those teams not affiliated with US Youth Soccer DO NOT need a travel permit.

10. If we are from outside the Columbus area, where can we find a list of nearby hotels?

A hotel list will be available at the WWW,THEEARLYBIRSSOCCER.COM website.

Directions to Fields at Spindler Road Park

The street address is 2121 Spindler Road, Hilliard, Ohio, 43026





WAIVER OF LIABILITY FORM

AUTHORIZATION FOR MEDICAL AND/OR DENTAL TREATMENT FORM

As the parent/legal guardian of _____, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above named minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____
Month Day Year

Date of last Tetanus Booster _____
Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (Home) _____ (Work) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (Home) _____ (Work) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

WAIVER OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of United States Youth Soccer, (a.k.a. USYS), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify USYS, its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any and/or all claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature of Parent / Guardian _____ Date _____

NOTARY PUBLIC

STATE OF _____, COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20_____

Notary Public in and for the State of _____

My Commission expires: _____

(Place notary seal above.)