



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Kings 2025 FUTSAL Website URL: www.kappersoccer.com
 Hosting Organization Merrick Soccer Type of Tournament: Select Recreational Select & Rec
 Designate Official of Hosting Organization Manfred Kapper Title DOC Phone () _____ W
 Address _____ Email info@kappersoccer.com Phone () _____ H
 City Merrick State NY Zip Code 11030 Phone () _____ FAX
 State Association or Affiliate Eastern New York Guest Referees Applications Accepted Yes No
 Location of Tournament or Games Sacred Heart **TEAM ENTRY DEADLINE:** January 22
 Date(s) of Tournament or Games Sundays Feb, 2,9,16,23 Mar 2, 9 Estimated # of Teams _____
 Tournament or Games Director or Contact Person Manfred Kapper Phone () _____ W
 Address _____ Email info@kappersoccer.com Phone () _____ H
 City _____ State _____ Zip Code 11030 Phone () _____ FAX

Age Groups Accepted				Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U-	7	1/1/	18	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		20	5V5	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U-	8	1/1/	17	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		20	5V5	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U-	9	1/1/	16	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		20	5V5	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U-	10	1/1/	15	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		20	5V5	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U-	11	1/1/	14	UT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12		20	5V5	<input type="checkbox"/>	3	300	<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U-		1/1/			<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

- RT RESTRICTED TOURNAMENT –Open only to members of US Youth Soccer and its State Associations.
 Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.
 UT UNRESTRICTED TOURNAMENT Other US Soccer Members as listed: _____
 International _____
 Teams as listed: _____

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization Manfred Kapper Date 2JAN25

APPROVAL

(For Official Use Only)STATE ASSOCIATION OR AFFILIATE Long Island Junior Soccer League

By [Signature]

Date 2JAN25
[Signature]
 Title Operations Manager

RECOMMENDED DEFINITIONS OF TEAMS AND TOURNAMENTS

(Place corresponding letter in appropriate space on application.)

TYPES OF TOURNAMENTS

UT UNRESTRICTED TOURNAMENT: A tournament that is open to all Federation affiliated participants. Any tournament that allows international participants must be an Unrestricted Tournament.

RT RESTRICTED TOURNAMENT: A tournament that is open only to members of US Youth Soccer and its State Associations.

SELECT TEAMS (teams formed by a selection or tryout process):

- S1** generally a team which competes at the highest level of play in a state or region
- S2** generally a team which competes at other than the highest level of play in a state or region
- S3** generally a team which competes in a local area or state

TOURNAMENT SELECT TEAMS

- S4** a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes select players who are members of one club.

RECREATIONAL TEAMS

- RT** a team which was formed in a random nature without regard to players' abilities.

US YOUTH SOCCER OLYMPIC DEVELOPMENT PROGRAM

ODP TEAM: the official US Youth Soccer Olympic Development team of US Youth Soccer, any of its regions, a State Association, an Affiliate, other Organization Member, or any district or geographical subdivisions thereof.

NATIONAL TEAM: the official national team of US Soccer or any other member of FIFA.

APPLYING TO HOST RESTRICTED TOURNAMENT(S) OR GAME(S)

These procedures apply when hosting **ONLY** US Youth Soccer State Association or US Youth Soccer Affiliates teams for tournaments or games.

Applications, agreements to host and other required information must be submitted as provided by the designated approving association or affiliate to include:

Not later than the date established by the State Association or Affiliate for submitting an *Application to Host a Tournament or Games*, the hosting organization must submit to its State Association or Affiliate and, if any game is to be played in another State Association or Affiliate, to that other State Association or Affiliate, for approval a completed *Application to Host a Tournament or Games* signed by the designated official of the hosting organization and the following items:

- a) a completed US Youth Soccer *Tournament or Games Hosting Agreement*, with appropriate supporting documents and information, signed by the president or chief officer or designee of the hosting organization and by the tournament or games director;
- b) a copy of the approved Rules for the Tournament or Games; and
- c) any fees required by the State Association or Affiliate for processing the application. **Incomplete applications will be returned and considered as not having ever been submitted.**

The State Association or Affiliate is not required to approve any application not submitted by the deadline established by the State Association or Affiliate. Any application which is not submitted in a timely manner may be subject to late fees if approved. The team must contact its State Association for its specific policies and fees.

The State Association or US Youth Soccer Affiliate shall make a determination as to whether or not they will sanction the tournament or games in accordance with the policies they have established within their organization for the sanctioning of tournaments or games.



US Youth Soccer

TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to Merrick Soccer to hold a tournament or games at Sacred Heart Merrick NY
 (Hosting Organization) (City) (State)

On the dates of Feb 2,9,16,23 Mar2,9, 20 25, we agree to the following conditions:

ABIDE BY RULES: We shall abide by all statements made in our approved US Youth Soccer *Application to Host A Tournament or Games*, in our tournament invitation, in our tournament rules, in the US Youth Soccer *Travel and Tournament Policy* and in this US Youth Soccer *Tournament or Games Hosting Agreement*. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin and that we will not advertise by any means the tournament or games until all approvals are received.

INVITATIONS: The tournament or games approval form shall accompany all tournament or games invitations distributed.

HOUSING: We agree that we will not require a team to use only accommodations approved or provided by the hosting organization or other organization, unless disclosure is made on the tournament application form of the required hotel/motel names and the guaranteed rates.

PROCURING LIABILITY INSURANCE: We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000 per occurrence/\$2,000,000 aggregate and on Umbrella Liability Policy with minimum limits of not less than \$5,000,000 per occurrence/\$5,000,000 aggregate which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by _____

REQUIRING MEDICAL AUTHORIZATIONS: We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form (paper or electronic). These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official at all times.

ADVANCE PUBLICATION OF RULES: We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.

CREDENTIALS CHECKS: We agree that we shall conduct credentials checks to ensure that all players are registered with US Youth Soccer or US Soccer or a member thereof or their national association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*. We agree that we will not modify or mark in any way original rosters or member passes; and will not register any player, coach, or team official or issue any member pass.

USE OF US SOCCER REGISTERED REFEREES: We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups: _____ . There will be

an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games. (NOTE: ONLY US Soccer certified assignors may be used):

Name JASON STIVER Phone 516 729-8749
 Address JM 50504 @ Email info@kappersoccer.com Phone () _____ H
 City optonline.net State _____ Zip _____ Phone () _____ Fax

AVAILABILITY OF POLICE AND RESCUE SERVICE: We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed. We will use the following method(s) of contacting emergency services

Medical Professionals _____



The Game for All Kids!

EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

167 Nassau Blvd S. Garden City South, NY 11530

Phone: 516-766-0849 - Fax: 516-678-7411

www.enysoccer.com

Tournament Promotion!

At ENYSA's Annual General Meeting, the Leagues requested ENYSA to provide this value-added service to members for FREE:

What we offer:

- Display your banner ad for as much as 120 days in advance of your event!
- Send 4 email blasts about your event to EVERY applicable TRAVEL team coach in the state.
- Reduce your advertising expenses significantly.
- Make simple to use our service! Simply prepare the attached "Tournament Promotion" application and submit through our State Office any weekday between 8AM and 4PM.
- Guarantee that our mail distribution list is 100% accurate and contains only active coaches that meet your target market with no waste and no unnecessary costs.

Contact:

For more information contact the Eastern New York Youth Soccer Association office at: diana@enysoccer.com

FIFA

US Soccer

US Youth Soccer

Big Apple Soccer League

Capital District Youth
Soccer League

Central New York State
Youth Soccer League

Cosmopolitan Junior
Soccer League

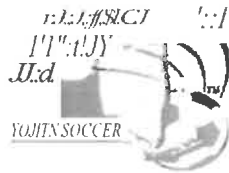
East Hudson Youth
Soccer League

Long Island Junior
Soccer League

Metrokids Youth
Soccer League

Mid State New York
Soccer League

Staten Island Youth
Soccer League



EASTERN NEW YORK YOUTH SOCCER ASSOCIATION

167 Nassau Blvd. Garden City South, NY 11530-5585

Phone: 516-766-0849 - Fax: 516-678-7411

www.enysoccer.com

The Game for All Kids!

Application to Host Tournament Documentation Checklist

Application completed and signed

ENYISA-affiliated member league approved signature

Tournament or Games Hosting Agreement completed and signed

Tournament or Games rules attached

It is recommended that you submit your application to your league at least 60 days prior to the game or first match of the tournament.

Any application received by the State Office within 30 days of the start of the tournament must be accompanied with a check for \$250.00, payable to the Eastern New York Youth Soccer Association (ENYISA)

Subject: AED Requirement for Kings 2025 Futsal

Dear [Tournament Organizers/Committee],

I hope this email finds you well. As we prepare for the upcoming Kings 2025 Futsal, I would like to emphasize the importance of safety measures during the event. Specifically, we require that an Automated External Defibrillator (AED) be available on-site throughout the duration of the tournament.

Reasons for Requesting an AED:

1. **Emergency Preparedness:** Having an AED readily accessible can significantly improve the chances of survival in case of sudden cardiac arrest (SCA).
2. **Player and Spectator Safety:** Our top priority is the well-being of our players, coaches, referees, and spectators. Having an AED on hand ensures that we are well-prepared for any medical emergencies.
3. **Compliance with Regulations:** New York State, as well as Eastern New York Youth Soccer Association (ENYYSA), and local authorities require AEDs at youth soccer events. By providing an AED, you demonstrate your commitment to safety and compliance.

Logistics:

- We propose placing the AED in a central location, easily accessible to all participants and staff.
- Trained personnel should be available to operate the AED if needed.

Assurances:

- We understand that the safety of the participants (teams, players, coaches, referees and fans) is of utmost importance to [Tournament Name]. Therefore, we kindly request your confirmation that an AED will be present at the tournament venue. By signing below where indicated, you acknowledge to ENYYSA that you will have at least one operational AED on site throughout the entire tournament. Your acknowledgement will be relied on by ENYYSA and all participants and spectators.

Thank you for your attention to this matter. We appreciate your efforts in ensuring a safe and enjoyable soccer tournament for everyone involved.

Sincerely,

[Your Name] [Your Title/Role] [Contact Information]

Acknowledged by _____ Dated: 1/3/25

[Your Name]
Manfred Kapper

[Your Title/Role]
DOC

[Contact Information]
info@kappersoccer.com / 516.365.6629