



Sponsored by AYSO Region 678, Newhall/Valencia, California

# 2023 AYSO Santa Clarita Gold Rush Team Application Form



## Application Instructions

Applications are now being accepted for entrance into the AYSO Santa Clarita Gold Rush Tournament, **Dec. 9-10, 2023.**

The deadline to enter the tournament is **Nov. 10, 2023.** **You may submit an application form and check without a signed roster to reserve your place (for core, all-stars, Extra, AYSO United and tournament) and send in your roster later.** Applications accepted by that date will be given priority for acceptance into the tournament; all others will be accepted based on any available openings.

Applications will be accepted on a first-come basis, based on a completed application. To be considered complete, your application must include all of the following:

- Team Application Form, signed by the Head Coach and the Regional Commissioner.
  - Team Sports Stack or Cal South rosters will be accepted, it must include the names of the Head Coach and Assistant Coach and be signed by your Regional Commissioner or Club Director of Coaching
  - Rosters must be comprised solely of players who were AYSO registered and played in the **2023 Fall season.** AYSO United and Extra teams will compete in the age-appropriate division, See Below.
  - Player roster limits are as follows (All players must play minimum 50% of each game):
 

13U & 14U	17 players max	11-v-11 play
11U & 12U	15 players max	9-v-9 play
9U & 10U	12 players max	7-v-7 play
  - Roster changes will be allowed up until check-in, **Dec. 9, 2023**; after that, no roster changes. All roster changes must be approved by your Regional Commissioner and a new roster or roster change form signed and dated by RC / Club Director must be submitted.
- The Referee Form signed by your Regional Referee Administrator or Regional Commissioner. **Referee assignments are on Saturday and Sunday and assigned at the tournament's discretion. Teams with referee crews are given priority placement. Teams without crews are subject to being waitlisted.**
- A single check for the total amount of the Team Entry Fee and the Referee Commitment Fee.

Team fees are:	Age Division	Team Entry Fee	Referee Fee	Total Fee
	<b>13U/14U</b>	\$550	\$300	\$850
	<b>11U/12U</b>	\$525	\$300	\$825
	<b>9U/10U</b>	\$500	\$300	\$800

Send your completed application and Regional Check to:

**Tournament Registrar**  
c/o AYSO 678 - Santa Clarita Gold Rush  
PO Box 220307  
Newhall, California, 91322-0307

If accepted, it will be assumed that you intend for your team to play the entire tournament, and to return, if necessary, on the rainout alternative dates.

If your application is not accepted, you will be offered the opportunity to be placed on a waiting list, or if you prefer, we will return your application to you.

**Refund:** If you withdraw your application 30 or more days from the start of the tournament, a full refund will be issued. If you withdraw after that time, we will only issue a refund if a PAID replacement team can be found, less any cost to register that replacement team.

All information about the tournament can be obtained by visiting our website at [www.ayso678.org/gold-rush](http://www.ayso678.org/gold-rush)

Please note that email and the internet will be the primary means of communication for this tournament.

We will be sending out information via email once your application is received. In the meantime, if you have any further questions, you may contact us as follows:

E-mail [tournament@ayso678.org](mailto:tournament@ayso678.org)  
Web site [www.ayso678.org/gold-rush](http://www.ayso678.org/gold-rush)



# 2023 AYSO Santa Clarita Gold Rush

## Team Application Form

Please complete entire form



Application Date: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Region #: \_\_\_\_\_ Region Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Age Division (circle): 

9U	10U	11U	12U	13U	14U
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Boys	Girls
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**Coach Name:** \_\_\_\_\_ **Asst. Coach Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

AYSO ID#: \_\_\_\_\_ AYSO ID# \_\_\_\_\_

Certification Level: \_\_\_\_\_ Certification Level: \_\_\_\_\_

Safe Haven Date: \_\_\_\_\_ Safe Haven Date: \_\_\_\_\_

**Coach #1 Shirt size:** AS AM AL AXL AXXL **Coach #2 Shirt size:** AS AM AL AXL AXXL

**APPLICATIONS WILL NOT BE ACCEPTED IF INFORMATION BELOW IS INCOMPLETE**

**WE WILL BRING A REFEREE CREW (3 person for Sat & Sun). Initial one: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**OUR REFEREE CREW CAN REFEREE AT THIS LEVEL: Check one: 14U** \_\_\_\_\_ **12U** \_\_\_\_\_ **10U** \_\_\_\_\_

**TEAM RATING REQUIRED – You must rate your team by checking one of the following:**

- |   |  |
|---|--|
| <input type="checkbox"/> All-Star/Select – A-team B-team C-team | <input type="checkbox"/> Extra: League / record: _____       |
| <input type="checkbox"/> Tournament -- A-team B-team C-team     | <input type="checkbox"/> AYSO United – Level / record: _____ |
| <input type="checkbox"/> All-Star/Select/Tournament – Balanced  | <input type="checkbox"/> Fall Regional Team                  |

**TEAM COMPETITIVE RATING: (1 to 10, 10 being highest)** \_\_\_\_\_

**TEAM COACH HEAD APPROVAL (Initial):**

\_\_\_\_\_  
 Yes, I have read the tournament rules and I promise to abide by them. I also am committed to returning on the alternative dates, **Dec. 16-17, 2023**, should the tournament be rescheduled due to inclement weather, etc.

\_\_\_\_\_  
 Yes, I understand that this is a 2-day tournament and that the medal round games are on the second day. I hereby notify you that I will NOT be able to complete the tournament for the following reason: \_\_\_\_\_

\_\_\_\_\_  
 Coach Signature

**Regional Commissioner/United Director of Coaching Approval:** Yes, the above team has my permission to attend the Gold Rush Tournament. Please report any behavior problems to me immediately. I understand that players from outside my region (Guest Players) will need approval as from the Guest Player RC/DOC. I hereby approve the \_\_\_\_\_ Guest players for this team.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature (in red or blue ink only, please)

Email: \_\_\_\_\_

Best Phone: \_\_\_\_\_

**The Referee Refund Check should be mailed to:**

AYSO Region # /Contact \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip \_\_\_\_\_