

WINTER 6V6 SHOWDOWN

5th Annual



When: January 11 – 12, 2020

Declare Teams by January 8

Where: Valwood School, 4380 Highway 41 N. Hahira, GA

How Much: Registration is \$10 per person at check-in. A minimum of \$100 per team. Players will receive an armband at check-in for weekend tournament. (Do not remove from one day to the next.)

Starting on Saturday morning, January 11th, we will be hosting a 6v6 soccer tournament in conjunction with Valwood School. Games may be played Friday night (for local teams if needed), all day Saturday for group play, and elimination games held on Sunday afternoon and evening. This tournament will be open to any high school or middle school aged player that are currently enrolled in a local schools. We plan on having the following brackets for the tournament as long as we reach the minimum of four teams per bracket:

Boys Middle School (Min of 4 teams needed)

Girls Middle School (Min of 4 teams needed)

Boys High School (4-16 Teams)

Girls High School (4-16 Teams)

TO REGISTER: Player/Coach must email in their team name and roster, naming all of the players on the team. Fees will be collected at the gate in exchange for a player wristband with team name. If teams do not have 10 players, the remaining balance must be paid before the team can participate. There is a minimum of \$100 per team. A liability waiver must be completed by EACH player in order to play. This waiver is attached and can be completed in advance or on-site.

LOCATION: Valdwood School – Parking located adjacent to the stadium

CONTACT:

Jacob Crawford

Head Women's Coach at South Georgia State College

jacob.crawford@sgsc.edu

RULES: For all rules, regulations, and more details visit www.sgscsoccercamps.com

WINTER 6V6 SHOWDOWN

Rules

- 10 players per team maximum, 5 players minimum to play
- 20 minute halves with 5 minute halftime
- A goalie is required, all others must be field players
- First team to 12 goals will win or the team with the most goals at the end of regulation
- For group play, there will be no overtime. 3 points for win, 1 point for draw, 0 points for loss. Points will decide elimination round seeding.
- Tiebreakers
 1. Head-to-head
 2. Best Goal Differential
 3. Fewest Goals Allowed
 4. Most Goals Scored
 5. Coin Flip
- Overtime of two 5-minute periods play to their entirety for elimination games
- Penalty kicks after to decide winner of elimination games after overtime (12 yards)
- No offsides
- Substitute on your kick-in or goal kick with the referee's permission
- Unlimited substitution when allowed by referee. No substitution in the last 2 minutes of each half unless required by player injury
- Stoppage time may be added by the referee
- Shin guards must be worn at all times
- Kick-ins from the sideline (All are indirect with a 5 yard barrier from defenders)
- All free kicks will require a 10 yard barrier from defenders and are indirect
- No slide tackling allowed
- Yellow Cards will carry over game-to-game
 - o 2 yellows require result in suspension of one game
 - o Yellow cards reset after group play
- Red Cards: All suspension and expulsion will result in that player being dismissed from the tournament.
- No vulgar language (Will result in immediate yellow card)

WINTER 6V6 SHOWDOWN REGISTRATION

Team Name: _____ Date of Registration: _____

Check all that apply: High School Middle School Boys Girls Premier (Top Group) Elite (2nd Group)

I hereby give approval for the participation in any and all affiliated league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities. I hereby waive, release, absolve, indemnify and agree to hold harmless Valwood School, South Georgia State College, and any of the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to one's self. To fulfill registration requirements, all players must register to play, have completed a waiver to play, and paid dues in full. The coaching staff reserves the right to terminate any team during the course of the tournament without refund of team dues.

Upon signature, this team and each individual agrees to the terms that are set. Each player is to sign, confirming that they agree to the terms set forth.

No.	Printed Name:	Date of Birth:	Phone #:	Signature:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Team Coach/Captain Signature: _____

If paid in check, make payable to: **South Georgia State College Foundation**

Email the registration form to: jacob.crawford@sgsc.edu

WAIVER AND RELEASE OF LIABILITY,
INDEMNIFICATION AGREEMENT,
AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Recognizing the possibility of serious physical injury and/or death associated with various program activities and the corresponding risks associated with participating and traveling to and from practices, competitions, matches, or other events with the program, club, team, coaches, or volunteers, I hereby release, discharge and/or otherwise indemnify the program, team, club, association, organization, sponsors, volunteers and their employees and associated personnel, and any other persons helping or transporting my child/participant to and from activities (all of which are hereinafter referred to as "CLUB ASSOCIATES"), against any claim by, or on behalf of my child/participant. By signing below, I hereby grant permission to the managing and/or coaching personnel or tournament/club officials, in my absence, to obtain emergency medical treatment by a doctor of medicine or dentistry for my child/participant and I assume the financial responsibility for said treatment.

Waiver And Release: In consideration of the CLUB ASSOCIATES allowing me or my child\participant to participate in this program\activity, I specifically release and forever discharge all CLUB ASSOCIATES from any and all liability or claims for any injury, illness, death, or loss of or damage to person or property which I or my child\participant may suffer while participating in the event/activity and any associated travel. This release and discharge specifically includes, but is not exclusively limited to, liability or claims for injury, illness, death, or damage caused by accident, or the negligence of CLUB ASSOCIATES. It is my intent by completing this Waiver and Release for me, and my child\participant, to release and indemnify all CLUB ASSOCIATES and hold all CLUB ASSOCIATES harmless from all liability for any and all injuries, illness, or death, whether caused by the negligence of the CLUB ASSOCIATES, or any other person, while participating in this program. In signing this document, I fully recognize that if injury, illness, death, or damage occurs to me or my child\participant while participating in the program, I will have no right to make a claim or file a lawsuit against the team, organization or club, or any CLUB ASSOCIATES, even if they or any of them negligently cause me or my child\ participant injury, illness, death or damage.

Indemnification: I further agree to fully indemnify and hold CLUB ASSOCIATES harmless for any and all claims or actions which may arise out of participation in the event by myself, or my child\participant.

Medical Treatment: I give my permission for the staff of the program to seek appropriate emergency medical attention for me or my child\participant in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment and agree to hold the program and CLUB ASSOCIATES harmless for any and all expenses incurred in seeking such medical treatment.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THIS GRANTS, PERMISSION FOR EMERGENCY MEDICAL TREATMENT AND CONSTITUTES WAIVER AND A RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. I REPRESENT THAT I HAVE THE AUTHORITY AND CAPACITY TO SIGN IT AND HAVE SIGNED IT VOLUNTARILY.

Dated this 11th day of January, 2020

Player Signature (if Player is under 18 Must have Parent or Guardian Signature)

_____ Printed Name

_____ Street Address

_____ City / State / Zip Code

_____ Phone/E-mail

WITNESS: _____