



**3rd ANNUAL**  
**“WILD, WILD, WEST”**  
**INDOOR SOCCER TOURNAMENT**  
**SATURDAY, MARCH 14, 2009**



**WATERLOO WEST HIGH SCHOOL**  
**425 E. RIDGEWAY, WATERLOO, Iowa 50702**

Get a team registered and come play some *Wild, Wild*, indoor soccer.

Soccer will be its *Best at West*. Come have lots of soccer fun!!!!

Proceeds will be used for the West Womens' Soccer Team.

**COST:** - \$65.00 per team. **Register today, Don't delay!!!**

**U10 to Adult TEAMS:** Play 3 v 3, no goalies. Maximum roster 5 players.

**U8 TEAMS:** Play 4 v 4, no goalies. Maximum roster 8 players.

**TEAM BRACKETS: All Teams:** Teams will be assigned to brackets playing round robin games. Each will be guaranteed three games. **Game Duration:** (2) 12 minute halves with a 2 minute half time.

**Recreational Teams:** We will try to keep recreational teams playing recreational teams, but there is no guarantee. **Competitive Teams:** Any team with 2 or more competitive players may be placed in a competitive bracket, but there is no guarantee. **High School teams:** High school teams will play in high school brackets.

**Adult teams:** Adult teams will play in adult brackets.

**DEFINITIONS OF PLAYER:**

**Rec:** Any player who is a member of a recreational club.

**Competitive:** Any player who plays on a team that plays in (travels to) other competitive league games and does not play recreational club.

**High School:** Any Player who is in the 9<sup>th</sup> to 12<sup>th</sup> grade for the 2008 - 2009 school year.

**Adult:** Any player who is post high school. No student in junior or senior high school.

**AGE GROUPS:** U8, U10, U12, U14, High School, Adult - **(3) DIVISIONS:** Girls; Boys/Coed, (a team with both boys and girls is coed); and Adult Open Coed. **NOTE:** U8 to High School, age group determined by the oldest player on the team. Players may play up but no one may play down. We will follow the age date of August 1, 2008. All players must be the age group number **after** August 1<sup>st</sup>, 2008. For all age groups - Players can only play on one team in the tournament.

**AWARDS** - Medals will be given to all players U8 to U14. 1<sup>st</sup> place medals to high school and adult teams.

**COMPLETE REGISTRATION:** Fill out Player information on registration and send with payment, today. Signatures **are required** by the parent/guardian AND all players. **NOTE:** The tournament committee requires a Medical Waiver parent/guardian signature for each player. The committee will also require the Player Code of Conduct player signature. Each player is reminded that sportsmanship and respect will be shown throughout the tournament to all players, spectators, coaches, and referees.

**WEBSITE** - All information is posted on our website [www.eteamz.active.com/westwomenssoccer](http://www.eteamz.active.com/westwomenssoccer) (registration form, rules, and schedules). Watch website for updated information.

**NEED A COACH?** If you have a team of players but need a coach we can supply one for you. Please note "Need A Coach" on your form and Coach Rink will assign a coach to your team. The team still must supply complete information of an adult contact person for the team.

**REGISTRATION DEADLINE – FRIDAY, FEBRUARY 27, 2009**

**REFEREES NEEDED:** We will use certified referees as much as possible. Please fill out information, where indicated, for anyone who would be interested in refereeing.

**For information contact:** Sue Rink -cell: 319-404-1307, email: [coachrink@cfu.net](mailto:coachrink@cfu.net)

**\$65 check payable to Waterloo West High School**

Send Registration and payment to: Sue Rink 917 Melrose Dr. Cedar Falls, Iowa 50613

**MEDICAL WAIVER (Must be signed by parent / guardian of each player, or Adult player)**

I understand and accept the condition that neither Sue Rink, neither Waterloo Community Schools, including Waterloo West High School, nor anyone associated with this tournament assumes responsibility for accidents and medical or dental expense incurred as a result of participation in the tournament. The player is in good health and able to participate in physical activity required. I hereby authorize the tournament officials to act for me according to their best judgment in an emergency requiring medical attention. My son/daughter is fully covered by our personal family health plan in the event of sickness or injury. Or for Adult Player: I am fully covered by my personal health plan in the event of sickness or injury. **PLAYER CODE OF CONDUCT (Must be signed by each player)** I, as participant of this tournament agree to adhere to all rules. I promise to display good sportsmanship and show respect to the opponents, officials, spectators and those associated with the tournament. **Photographs:** By registering for the Wild, Wild, West tournament, I grant permission to use my likeness in photographs taken during the tournament. This permission is granted for, but not limited to, all promotional material.

Committee use only  
Date Received: \_\_\_\_\_  
Bracket # \_\_\_\_\_

**REFEREES NEEDED:** We will use certified referees as much as possible. Please fill out information for anyone who would be interested in refereeing.

Referee Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
"Wild, Wild, West" Indoor Soccer Tournament, Sat., March 14, 2009  
**THIS FORM IS FOR TEAMS - U10, U12, U14, High School & Adult Open**

Team Name: \_\_\_\_\_  
Age Group: \_\_\_\_\_ Division (circle one) Girls OR Boys/Coed OR Adult Open  
(Coach must be at least 16 yrs. old for U10 to U14; At least 19 yrs. old for high school).  
Coach/Contact Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
email: \_\_\_\_\_ Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TEAM CAPTAIN** (check one) REC Player: \_\_\_\_\_  
Competitive: \_\_\_\_\_ High School: \_\_\_\_\_ Adult: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HM PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_  
Signatures for Medical Waiver and Player Code of Conduct:  
PARENT / GUARDIAN \_\_\_\_\_  
Player. \_\_\_\_\_  
\*\*\*\*\*

**PLAYER 2** (check one) REC Player: \_\_\_\_\_  
Competitive Player: \_\_\_\_\_ High School: \_\_\_\_\_ Adult: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HM PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_  
Signatures for Medical Waiver and Player Code of Conduct:  
PARENT / GUARDIAN \_\_\_\_\_  
Player. \_\_\_\_\_  
\*\*\*\*\*

**PLAYER 3:** (check one) REC Player: \_\_\_\_\_  
Competitive Player: \_\_\_\_\_ High School: \_\_\_\_\_ Adult: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HM PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_  
Signatures for Medical Waiver and Player Code of Conduct:  
PARENT / GUARDIAN \_\_\_\_\_  
Player. \_\_\_\_\_

**PLAYER 4:** (check one) REC Player: \_\_\_\_\_  
Competitive : \_\_\_\_\_ High School: \_\_\_\_\_ Adult: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HM PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_  
Signatures for Medical Waiver and Player Code of Conduct:  
PARENT / GUARDIAN \_\_\_\_\_  
Player. \_\_\_\_\_  
\*\*\*\*\*

**PLAYER 5:** (check one) REC Player: \_\_\_\_\_  
Competitive : \_\_\_\_\_ High School: \_\_\_\_\_ Adult: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ HM PHONE \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_  
Signatures for Medical Waiver and Player Code of Conduct:  
PARENT / GUARDIAN \_\_\_\_\_  
Player. \_\_\_\_\_  
\*\*\*\*\*

**Deadline: Fri., February 27, 2009**  
**\$65 Ck payable to Waterloo West High School**  
**Send registration and payment to:**  
Sue Rink  
917 Melrose Dr.  
Cedar Falls, Iowa 50613

**REFEREES NEEDED: Please fill out information for anyone who would be interested in refereeing. Does not need to be certified for U8's. Referee Name: \_\_\_\_\_ email: \_\_\_\_\_**

**MEDICAL WAIVER (Must be signed by parent / guardian of each player, or Adult player):** I understand and accept the condition that neither Sue Rink, neither Waterloo Community Schools, including Waterloo West High School, nor anyone associated with this tournament assumes responsibility for accidents and medical or dental expense incurred as a result of participation in the tournament. The player is in good health and able to participate in physical activity required. I hereby authorize the tournament officials to act for me according to their best judgment in an emergency requiring medical attention. My son/daughter is fully covered by our personal family health plan in the event of sickness or injury. Or for Adult Player: I am fully covered by my personal health plan in the event of sickness or injury. **PLAYER CODE OF CONDUCT (Must be signed by each player):** I, as participant of this tournament agree to adhere to all rules. I promise to display good sportsmanship and show respect to the opponents, officials, spectators and those associated with the tournament. **Photographs:** By registering for the Wild, Wild, West tournament, I grant permission to use my likeness in photographs taken during the tournament. This permission is granted for, but not limited to, all promotional material.

Committee use only  
**Date Received:** \_\_\_\_\_  
**Bracket #** \_\_\_\_\_

**“Wild, Wild, West Indoor Soccer”**

**WATERLOO WEST HIGH SCHOOL INDOOR TOURNAMENT – SAT., MARCH 14, 2009**

***This form for U8 teams ONLY***

**Team Name:** \_\_\_\_\_  
**Age Group: U8 Division (circle one) Girls OR Boys/Coed (Coach must be at least 15 yrs. old for U8 teams)**  
**Coach/Contact Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**email:** \_\_\_\_\_ **Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**TEAM CAPTAIN (check one) REC Player:** \_\_\_\_\_  
**Competitive:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 2 (check one) REC Player:** \_\_\_\_\_  
**Competitive Player:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 3: (check one) REC Player:** \_\_\_\_\_  
**Competitive Player:** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 4: (check one) REC Player:** \_\_\_\_\_  
**Competitive :** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**Deadline:** Fri., Feb. 27, 2009  
**Fee:** \$65 Ck Payable to Waterloo West High School

**PLAYER 5: (check one) REC Player:** \_\_\_\_\_  
**Competitive :** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 6: (check one) REC Player:** \_\_\_\_\_  
**Competitive :** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 7: (check one) REC Player:** \_\_\_\_\_  
**Competitive :** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**PLAYER 8: (check one) REC Player:** \_\_\_\_\_  
**Competitive :** \_\_\_\_\_ **High School:** \_\_\_\_\_ **Adult:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
**BIRTH DATE** \_\_\_\_\_ **HM PHONE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Signatures for Medical Waiver and Player Code of Conduct:**  
**PARENT / GUARDIAN** \_\_\_\_\_  
**Player.** \_\_\_\_\_

**Send registration and payment to:**  
**Sue Rink - 917 Melrose Dr. - Cedar Falls, Iowa 50613**