

# HONESDALE FIFTH ANNUAL 6 ON 6 MEMORIAL DAY SOCCER TOURNAMENT

**DATE:** SUNDAY, MAY 25, 2014  
**CHECK-IN:** 8:15AM - 8:55AM (TEAM WARM-UP)  
**GAME TIME:** 9:00AM - START  
**LOCATION:** WAYNE HIGHLANDS HIGH SCHOOL SOCCER FIELDS  
LAKESIDE DRIVE, HONESDALE PA

**DIVISIONS:** HIGH SCHOOL BOYS DIVISION 1 & 2  
HIGH SCHOOL GIRLS DIVISION 1 & 2  
UNDER 14 BOYS OR CO-ED  
UNDER 12 BOYS OR CO-ED  
ADULT DIVISION

**FEE:** \$125 per team (10 players/team encouraged)  
**SCHEDULE:** Four (4) - 26 minute games guaranteed.  
Point system calculation.  
1st and 2nd place teams play 5th game for final victor.  
Trophy for 1st place/division and MVP Award for each team entered.  
Shoot out competition with Golden Boot and Goalie awards.

Concession Stand Breakfast and Lunch available.  
Adult supervisor/coach for each team mandatory.

**REGISTRATION & PAYMENT:** Due by May 16, 2014  
Registration guaranteed when check received.

Return Roster with Check Payable to: Honesdale Friends of Soccer

**Mail to:** David Reynolds (Honesdale FOS Coach Liaison)  
321 Watts Hill Road  
Honesdale Pa 18431

**Contact:** David Reynolds @ docddr@ptd.net or call (570) 470-2260

**Note:** Entire packet must be complete at check-in.

**HONESDALE INVITATIONAL  
MEMORIAL DAY SOCCER TOURNAMENT  
MAY 25, 2014  
REGISTRATION FORM**

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

**Division (select one)**

HS Boys D1;  HS Boys D2;  HS Girls D1;  HS Girls D2;  U14 Boys/Co-ed;  U12 Boys/Co-Ed;  Adult

\*Coach/Supervisor Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ \*Cell: \_\_\_\_\_

\*Contact e-mail: \_\_\_\_\_

**ROSTER:**

Date of Birth required for U14 and U12 Divisions

1 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

2 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

3 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

4 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

5 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

6 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

7 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

8 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

9 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

10 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

11 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

12 \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Goalie Name: \_\_\_\_\_ Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\* Require information

Teams must present complete package & waivers with all information completed at check-in.

**HONESDALE INVITATIONAL  
MEMORIAL DAY WEEKEND SOCCER TOURNAMENT  
INJURY WAIVER & MEDICAL RELEASE FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Player's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

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

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**PARENT & EMERGENCY CONTACT INFORMATION**

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (work): \_\_\_\_\_ (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (work): \_\_\_\_\_ (home): \_\_\_\_\_ (cell): \_\_\_\_\_

**In case parents can not be reached additional contacts & medical information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENTS APPROVAL & MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with soccer and in consideration for the Honesdale Friends of Soccer and its affiliates accepting the registrant for its soccer events and activities. I hereby release, discharge and/or otherwise indemnify the Honesdale Friends of Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the event against any claim by or on behalf of the registrant as a result of the registrant's participation in the event and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature

This form must be turned in to your coach prior to the tournament.

## PARENTS. COACHES. AND PLAYER CODE OF CONDUCT FOR HONESDALE FRIENDS OF SOCCER

Parents and coaches please read the following codes of conduct to your children and players. After reading the code of conduct coaches please sign and return agreement to Honesdale Friends of Soccer.

Coaches and Parents will be held to a standard of behavior that provides a positive environment for their child's sports experience. Parents pledge to be good spectators; to assess the philosophy of the coach and league to make sure it matches the child's needs; to understand that all children are gifted but not in equal ways; to provide unconditional support; and to pay attention to see if their child is having fun, learning, and improving - as opposed to just winning.

### Coaches' Code of Ethics

- I will place the emotional and physical well being of my players ahead of a personal desire to win.
- I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.
- I will do my best to provide a safe playing situation for my players.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I  at all youth sports events.
- I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
- I will use those coaching techniques appropriate for each of the skills I teach.
- I will remember that I am a youth sports coach, and that the game is for the children and not the adults.

### Parents' Code of Ethics

- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parents' Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I  youth sports events.
- I will remember that the game is for youth - not for adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as, being a respectable fan, assisting with coaching, or providing transportation.
- I will require that my child's coach have the knowledge and responsibility needed to be a positive youth sports coach.

### Players' Code of Ethics

- I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players' Code of Ethics Pledge.
- I will encourage good sportsmanship from fellow players, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship myself.
- I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will expect to receive a fair amount of playing time.
- I will do my very best and listen and learn from my coaches.
- I will treat my coaches, other players, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert parents or coaches if it stops being fun!
- I  youth sports events.
- I will encourage my parents to be involved with my team in some capacity because it is important to me.
- I will do my very best in school.
- I will remember that sports are an opportunity to learn and have fun.

By signing this I acknowledge that I have read this "Code of Conduct" and agree to act accordingly. I have read this information to my players/children to give them a better understanding of what is expected of them, others involved and myself.

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Team \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Honesdale Invitational Soccer Tournament

## ITINERARY:

8:00-8:45	Coaches Registration/Team warm-up
8:00-8:45	Tournament Directors available for questions
8:55	National Anthem
9:00-11:30	Games Begin
11:30-12:30	Shoot-Out Competition-All Teams/Lower Fields
12:30-3:30	Games Resume
3:30-4:30	Championship Games
4:30	Award Ceremony

## SHOOT OUT

All Teams on Lower Fields

All players and goalies are invited to participate in the shootout.

We are looking for 2 volunteer coaches at each of the 8 goals

**High School Girls Division(s) Goals 1 & 2**  
**12U & 14U Divisions Goals 3 & 4**  
**High School Boys Division 1 Goals 5 & 6**  
**High School Boys Division 2 Goals 7 & 8**

## SINGLE ELIMINATION

**Round 1 Penalty mark**  
**Round 2 Penalty mark + 2.5 yards**  
**Round 3 Penalty mark + 5 yards**  
**Round 4 Penalty mark + 7.5 yards**  
**Round 5 Penalty mark + 10 yards**  
**Round 6 Penalty mark + 15 yards**

*Thank you to all of our sponsors that helped make today's event a success!*