

# ATLAS SC ORANGE COUNTY COPA ZORRITOS 2023

Staff Only:

## Registration Form

|   |              |
|---|--------------|
| 2014 (7 vs 7)<br>2015 (7 vs 7)<br>2016 (7 vs 7) | <b>\$475</b> |
|---|--------------|

|                                |              |
|--------------------------------|--------------|
| 2012 (9 vs 9)<br>2013 (9 vs 9) | <b>\$525</b> |
|--------------------------------|--------------|

|  |              |
|--|--------------|
| 2006 (11 vs 11)<br>2008 (11 vs 11)<br>2010 (11 vs 11)<br>2011 (11 vs 11) | <b>\$575</b> |
|--|--------------|

**7% discount per team if you register 3 or more teams.**

Make Cashier Check or Money Order Payable to: Atlas South California

Mail to: **Atlas South California**

**31584 Calle La Purisima**

**San Juan Capistrano CA 92675**

**Or register and pay using the on-line form at [atlassouthcalifornia.com](http://atlassouthcalifornia.com)**

**Deadline: Aug 5, 2023**

**League Name:** \_\_\_\_\_ **League President** \_\_\_\_\_

**Team Name** \_\_\_\_\_ **Division (year)** \_\_\_\_\_ **Boys** \_\_\_\_\_ **Girls** \_\_\_\_\_

**Coach's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Alt #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**EMAIL ADDRESS:**

**Liability Waiver:** I/we, the undersigned representative(s) of this participating team requests ASCSAI to accept this team registration and permit this team's participation in the ASCSAI Youth Tournament. I/we hereby release, identify, and hold harmless to ASCSAI and its Board of Directors, Members, Officials, Tournament Sponsors, Coaches, Referees, and all other representatives of this organization from any claim arising out of his competition including tournament scheduling, monetary, physical or emotional injury to the team participants. Further we recognize and acknowledge that adverse weather is an act of God and we will accept all decisions regarding play ability of facilities (and therefore the outcome of competition) by the tournament committee as final, without objections or appeal. There will be no refund compensation for lost games due to weather or forfeitures, or acts of God. I/we as the representative(s) of this team certified that each player registered to participate in the tournament is covered by an approved medical insurance plan as required by ASCSAI

\_\_\_\_\_  
**(Print coach name)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

### Requirements:

- Original Birth Certificate.
- School ID or anything to prove age with a picture and birthday (recent).
- Must have league credentials to play with. In case of a borrowed player or a team that is not registered in a league players may participate with a school ID, Driver's license, California ID etc.
- Any false documents will result in a fine \$.
- Must play all games or you will be fined \$ and disqualified from the tournament.
- Must pay the fee tournament up front before deadline to guarantee your spot.
- No PERSONAL checks will be accepted

**Please fill out and send to: 31584 Calle La Purisima San Juan Capistrano Ca 92675**

**AtlasSouthCalifornia.com**