



## Hacienda Heights AYSO Region 23 2025 EAGLE CLASSIC TOURNAMENT TEAM APPLICATION FORM



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

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

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

Age Division: \_\_\_\_\_ U-10 \_\_\_\_\_ U-12 \_\_\_\_\_ U-14 \_\_\_\_\_ U-16 \_\_\_\_\_ U-19 \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Coed

### Contact Information

Coach Name: \_\_\_\_\_ Asst. Coach Name: \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

CDC Concussion, Safe Sport, Cardiac \_\_\_\_\_ CDC Concussion, Safe Sport, Cardiac \_\_\_\_\_

Shirt Size: AS AM AL AXL AXXL AXXXL Shirt Size: AS AM AL AXL AXXL AXXXL

### Team Rating Criteria:

- 1) We are an Extra Team. \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) We are an All-star Team \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) We are a select team \_\_\_\_\_ teams in this age division from our region \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4) My team competitive rating between 1 (low) and 10 (high) is \_\_\_\_\_
- 5) The average age of our players as of January 1, 2024 is \_\_\_\_\_

Season Record Wins \_\_\_\_\_ Losses \_\_\_\_\_ Ties \_\_\_\_\_

Tournament Record Championships \_\_\_\_\_ Finalists \_\_\_\_\_ Semifinals \_\_\_\_\_

### Team Head Coach Approval:

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

\_\_\_\_\_  
Yes, I understand that this is a 3-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 Approval:** Yes, the above team has my permission to attend the 2025 Eagle Classic Tournament. Please report any behavior problems to me immediately. I understand that players from outside my region (Guest Players) will need approval as well from the Guest Player regional commissioner. I hereby approve the addition of \_\_\_\_\_ 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 the RC or TREASURER:

AYSO Region # \_\_\_\_\_

Mailing address \_\_\_\_\_