



## POST TOURNAMENT REPORT FOR FULL SIDED TOURNAMENTS

Please complete and submit this Post Tournament Report, required documents, and any outstanding fees to the Illinois Youth Soccer office within Thirty (30) days after the conclusion of your tournament to avoid bond forfeiture and additional penalties. Submit to IYSA Tournament Director, 1655 S. Arlington Heights Road, Suite 201, Arlington Heights, IL 60005.

Tournament Name \_\_\_\_\_ Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_ Report Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Tournament Director \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**List Number of teams participating in each age group and the name of winners in each category.**

U-AGE <i>See USYS Age Chart.</i>	Max Roster Size	Number of Boys Teams	LIST BOYS CHAMPIONS	Max Roster Size	Number of Girls Teams	LIST GIRLS CHAMPIONS
U8						
U9						
U10						
U11						
U12						
U13						
U14						
U15						
U16						
U17						
U18						
U19						
<b>TOTAL NUMBER OF TEAMS</b>						

Please complete this form and submit the following documents to the IYSA with this Post Tournament Report. You do not have to submit the tournament rosters, league rosters, add/drop forms, guest player permits, travel permits and IYSA Emergency Medical Release & Waivers to the IYSA with this report unless otherwise instructed below and also upon request by the IYSA.

1. List Name of Each Sponsor: \_\_\_\_\_  
\_\_\_\_\_

2. Submit Referee Red Card Reports - if the red card is serious, attach the Incident Report and/or Referee Report.

Use Offense Codes: (S) Spitting (VC) Violent Conduct (SFP) Serious Foul Play (AL) Abusive Language (2C) Two Yellows (DGH) Denied Goal/Hand (DGF) Denied Goal/Foul

3. Submit Incident Reports describing incidents of unsportsmanlike conduct of a team, players, coaches or supporters including but not limited to police reports regarding assaults, altercations and other infractions. For each Incident Report include Tournament Roster and if applicable the Guest Player Permit.

4. Submit Medical Reports for all injuries that required treatment by medical personnel. For each Medical Report include IYSA Emergency Release & Liability Waiver, Tournament Roster, and if applicable the Guest Player Permit.

5. Submit a complete list of tournament referees. Make sure to include a date of birth for each referee or the city in which they reside.

6. Submit a copy of your tournament schedule and program.

7. Submit to IYSA via email a list of all participating teams - include team and club name, U-age, gender, coach's name, coach's email address and for non-US Youth Soccer teams affiliation/country. Email to [cep@illinoisyouthsoccer.org](mailto:cep@illinoisyouthsoccer.org).

8. RETAIN THE FOLLOWING DOCUMENTS FOR EACH NON-US YOUTH SOCCER TEAM (The Team) and submit them to the IYSA upon request.

- a. The Team's signed Tournament Team Agreement (Form NT)
- b. The Team's certificate of liability insurance naming IYSA and Tournament Host as additional insured
- c. Proof that the players and coaches of The Team are registered, insured and in good standing with US Soccer or the Foreign Soccer Federation
- d. Proof that The Team has permission to travel to the Tournament from The Team's US Soccer affiliate association or Foreign Soccer Federation
- e. Copy of The Team's certified, current US Soccer affiliate association or Foreign Soccer Federation roster
- f. Copy of The Team's players and coaches IYSA Emergency Medical Release & Liability Waivers
- g. The Team's IYSA Tournament Roster
- h. For each IYSA/US Youth Soccer (USYS) registered player that is participating in the Tournament with The Team, submit a copy of the player's IYSA Guest Player Form that is signed by the player's IYSA/USYS registered team coach
- i. Statement designating The Team's participation level

Completed by \_\_\_\_\_ Print Name \_\_\_\_\_  
(Signature)

Title of Person completing this report \_\_\_\_\_ Date \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ (Fax)(\_\_\_\_\_) \_\_\_\_\_

Email Address(es) \_\_\_\_\_