

# 2019

# HOLLYWOOD



Saturday, April 13 Boys  
Sunday, April 14 Girls

# CUP



## Hollywood Cup Spring 5v5 Shootout

Dear Coach/Manager,

Hollywood Wildcats FC welcomes you to the 5<sup>th</sup> annual Hollywood Cup Spring 5v5 Shootout! Enclosed you will find a copy of the tournament rules, a medical release form, and one roster form. If you are missing any information, please contact the Tournament Director at [tournament@hollywood5v5.com](mailto:tournament@hollywood5v5.com).

Please bring a valid player pass or copy of a birth certificate or passport to verify proof of age. **No players will be permitted to play without verification of the birth date.** It is the coach's responsibility to make sure all items are in order and legible. Please do not come to check-in without these items.

Players are only allowed to compete with one team. If a player switches teams, both teams will be disqualified.  
The referees may verify team rosters prior to each game.

A reminder that alcohol is not allowed. Coolers may be searched, and alcohol will be removed. Failure to comply will result in removal from the site and disqualification of the team. Please notify parents that parking is only allowed in designated areas.

At check-in, the coach/manager will be required to bring the following items:

1. Valid age verification for all divisions in the form of a player pass, birth certificate, passport, driver's license, school ID (if birth date is shown).
2. Two (2) copies of the roster filled out completely.
3. Copy of the Hollywood Cup Spring 5v5 Shootout Release Form completely filled out and signed by the parent AND signed Memorial Healthcare [U18] Sports Medicine Form. **NO OTHER RELEASE FORMS WILL BE ACCEPTED.**

It is the responsibility of the coach/manager to make sure all items are filled out completely and correctly. A copy of all items should be kept by the manager as well. Please make sure that all items are filled out prior to check-in. We do not want to keep a player from participating because of a missing item.

**Thank you for supporting our event!**

## Hollywood Cup Spring 5v5 Shootout Rules

1. Game time= 2 X 15 minutes running clock with 3 minute half-time.
2. No offside.
3. No heading U12 and younger (*indirect kick for violation*).
4. All free kicks, goal kicks, corner kicks and kick-ins are indirect, except for the penalty kick.
5. Substitutions on the fly from midfield. Player "A" must be off before player "B" enters. *Penalty- indirect free kick from where the ball is at time of illegal substitution.*
6. Player must use a kick-in from the sidelines. No score directly from a kick-in.
7. Penalty area reduced to 8 yards. Penalty kicks taken from the 8-yard line marking the penalty area.
8. Goal kicks are to be taken anywhere in the penalty area.
9. *Coaching from the sidelines during play is discouraged.* Coaches are encouraged to "let the kids play".
10. All other FIFA rules apply.
11. Game times are strictly enforced. A universal time system is used to keep the games on schedule. The Tournament Committee can forfeit a team showing up late for a game. A forfeit is recorded as a 4:0 loss.
12. Playoff games ending in a tie will go directly to a best-of 3 penalty kick shootout.
13. Decisions of the Tournament Committee are final, and no protests will be granted.
14. If poor weather occurs, the tournament committee has absolute authority to change game times, change game length or cancel/reschedule games in the interest of players' safety and completion of the tournament. In the case of consistent inclement weather, we will post an update on [hollywoodcup.com](http://hollywoodcup.com) the day before the event day. We will also make our best efforts to contact team coaches with updates as they become available. If an event is canceled due to inclement weather, we will explore rescheduling options and notify all registered teams. Games will be played in the event of rain but may be suspended at any time at the discretion of the Tournament Director. Games will be played as long as the field remains playable. If the event is cancelled and is not rescheduled all teams will receive a full refund within 30 days of the cancellation.
15. The Hollywood Cup Spring 5v5 Shootout is not responsible for any expense incurred by any team due to cancellation, in part or in whole, of the tournament due to external conditions.
16. **Recreational teams MUST have their roster submitted one week prior to the event.**

## Goalkeeper Rules

1. When goalkeeper has the ball in possession with their hands, or on a goal kicks ball must bounce/touch the field before the midfield line (*indirect kick at midfield line for violation*).
2. No punts, drop kicks, volley kicks, etc. allowed (*indirect kick at midfield line for violation*).
3. The six-seconds rule and the pass back rule will apply.
4. If the GK decides to put the ball on the ground and play with their feet, the distribution rule does not apply; however, the GK can be challenged and is not allowed to pick up the ball again unless the ball is touched by an attacking player (*indirect kick for violation*).

## Determination of Standings

**Win = 3 points | Tie = 1 points | Loss = 0 points**

*Most points in group play determines group winner.* If tied, the following procedure will be used:

1. Head to head competition
2. Goal differential of all games (maximum of 4 per game)
3. Total goals for (maximum of 4 per game)
4. Least goals against (maximum of 4 per game)
5. Penalty kicks

**Age Groups Definitions – Calendar Year Registration:**

<b>DIVISION</b>	<b>Competitive Teams</b>	<b>Recreational Teams</b>
HIGH SCHOOL	Players born in 2002, 2001 and between 8/1/2000 - 12/31/2000	Players born in 2002, 2001 and between 8/1/2000 - 12/31/2000
U16	Players born in 2003	Players born in 2003 and 2004
U15	Players born in 2004	
U14	Players born in 2005	Players born in 2005 and 2006
U13	Players born in 2006	
U12	Players born in 2007	Players born in 2007 and 2008
U11	Players born in 2008	
U10	Players born in 2009	Players born in 2009 and 2010
U9	Players born in 2010 and 2011	
U8*	n/a – play as U9 Comp	Players born in 2011 and 2012

**\* No U6 players will be allowed to play on a U8 team. Ignoring this rule will result in a 4:0 forfeit for every game the team was scheduled to play.**

**RECREATIONAL = Every player on the roster must have been rostered to a recreational team for the entirety of the season. No player on the team shall be or has previously been carded as a Competitive player after 8/1/2018.**

**TRAVEL/COMPETITIVE = Any team that has 1 (one) or more player(s) on their roster that is currently registered as a competitive player by FYSA or in an “academy club team”. Playing a team or player in the wrong division will result in a 4:0 forfeit for every game the team was scheduled to play.**

## Hollywood Cup Spring 5 v 5 Shootout Release Form

Team Name: \_\_\_\_\_ Player's Name: \_\_\_\_\_

### Emergency Contact Information

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### Insurance Company Information **(No Insurance, No Play)**

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Print parent's name if under 18 Print player's name

is in good health and able to participate in the 5v5 Soccer Tournament in Hollywood, Florida. I authorize the staff and representatives of Hollywood Wildcats FC to act for me per their judgment in an emergency requiring medical attention, including treatment by physicians. By signing below, I hereby assume any and all risks, which are incumbent with any excursion of program, and extracurricular activities in which I might participate, with realization these activities may be subjected to personal bodily injury or property damage risk. I am aware that certain dangers may occur including, but not limited to, physical contact with other individual and/or athletic equipment and facilities which may result in cuts, abrasions, sprains, bruises, concussions, and fractions. Being fully aware of these dangers, I nevertheless, voluntarily choose to participate in the 5v5 Soccer Tournament in Hollywood and assume all risks arising, therefore. I so hereby release, acquit, and forever discharge the State of Florida, HWFC, the City of Hollywood, and all employees and/or agents of Hollywood Wildcats FC who plan, direct, or otherwise participate in the aforementioned program, and from all actions, account of any and all injury, directly or indirectly sustained by the participant as a consequence on the participation in the above mentioned 5v5 Soccer Tournament. I will be responsible for any medical or any other charges in connection with the 5v5 Soccer Tournament. I am also stating that the above insurance is current, and all information is up to date. I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

During your child's participation in one of our soccer programs, from time to time we may wish to take photographs of activities that involve your child. The photographs may be used for purposes of recording activities, for displays, publications or on a website by us, by local newspapers or occasionally by national agencies. Before taking any photographs of your child, we need your permission. By signing below, you give your permission for us to take your child's photograph. Please note: If you wish to take photographs of your own and other children at our events or functions, please take appropriate images, be sensitive to other people and try not to interrupt or disrupt the coaches whilst working.

### **Sign and Date:**

Player: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If the player is under the age of 18)

Team Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION  
 CONSENT FOR TREATMENT: General Sports Medicine Program (U18)**

Name of Event: Hollywood Cup Spring 5v5 Shootout ("the event") Location of Event: City of Hollywood Florida  
 Date of Event: April 13 and/or April 14, 2019  
 Minor's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all the Minor's Medication and Medical Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ the Parent or Guardian signing below, hereby authorize physicians, nurses, athletic trainers or any other healthcare provider (collectively "Providers") of Memorial Healthcare System ("MHS") to conduct routine medical, medical screenings, diagnostic or any other procedure deemed necessary in order for the above minor child ("Child") to participate in the event. In the event that an injury occurs to Child while participating in the event. I further authorize and give permission to Providers to render to my Child appropriate and necessary care at that time. If medical necessity exists beyond that which can be reasonably dealt with on location, I further authorize and give permission to Providers to arrange for professional medical transport to a medical facility. I understand that efforts will be made to contact the parent or guardian in the case of a medical emergency.

I understand the MHS has both employed and independent contractors who may participate in the Child's care and that these individuals are not always employees or agents of MHS. I also understand that MHS contracts with physicians and physician groups to provide services to patients and that they may be independent contractors and are not necessarily the agents or employees of MHS. I understand that MHS is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of MHS. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by an MHS employee, agent, or independent contractor.

I hereby authorize physicians, nurses, athletic trainers or any other Providers who are employees or independent contractors of MHS to examine and evaluate Child and to release the health information to the event coordinator and his/her employees, coaches, and agents, for the purpose of engaging in the event and determining Child's ability to participate in the event. The health information consists of history, physical, examinations, medical screenings, past or present health information or information pertaining to injury or illness that may have a bearing on Child's ability to participate in the event. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by Federal confidentiality laws or MHS.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign and MHS will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization. I understand that I may revoke this authorization at any time by notifying, in writing, the MHS representative at the event. In the event I revoke this authorization, it will not have any effect on actions taken by MHS prior to the revocation. This authorization will be effective until revoked or until the Child reaches eighteen (18) years of age.

PARENT(S) / GUARDIAN(S)

By: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date Signed \_\_\_\_\_ Relationship to Child \_\_\_\_\_

By: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date Signed \_\_\_\_\_ Relationship to Child \_\_\_\_\_



Authorization For Release Of Medical Information  
 Consent For Treatment: General Sports Medicine  
 Program (U18)

PATIENT/LABEL

\_\_\_\_\_

\_\_\_\_\_



Official Roster for Hollywood Cup 5v5 Spring Shootout

**TEAM INFORMATION**

TEAM NAME	
CONTACT NAME	
EMAIL	
CELL PHONE	
DIVISION	Rec <input type="checkbox"/> Travel <input type="checkbox"/> Gender: M <input type="checkbox"/> F <input type="checkbox"/> U__

**PLAYER INFORMATION**

#	NAME	DOB	EMAIL
	Last, First	(mm, dd, yy)	
1			
2			
3			
4			
5			
6			
7			
8			

Teams will be required to check-in 45 minutes prior to their first game.

Team Check List:

- 2 Copies of the completed roster form.
- Hollywood Cup 5v5 Spring Shootout Release Form. A copy will be kept by the tournament and it is recommended that a copy be kept by the manager/coach.
- Documentation of Age: Valid player pass, birth certificate, or driver's license, passport.

Sign and Date:

Team Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Check-in Completed by: \_\_\_\_\_ Date: \_\_\_\_\_