



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association

C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142

BR

Please Type or Print Clearly - Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Mad Dog Mania Showcase Tournament Website URL: maddogmania.com

Hosting Organization Ballston Spa Soccer Club Type of Tournament: Select Recreational Select & Rec

Designate Official of Hosting Organization Rob Szmarz Title President Phone () 516 238-8722 W

Address 26 Berkshire Drive Email rob.szmarz@gmail.com Phone () 516 238-8722 H

City Ballston Spa State NY Zip Code 12020 Phone () 518 745-1462 FAX

State Association or Affiliate Eastern NY Guest Referees Applications Accepted Yes No

Location of Tournament or Games Gavin Park & PBA Fields - Saratoga, NY **TEAM ENTRY DEADLINE:**

Date(s) of Tournament or Games June 20 & 21, 2020 Estimated # of Teams 130

Tournament or Games Director or Contact Person Nancy Stangle Phone () 518 745-1462 W

Address 3 Iroquois Drive Email nstangle@maddogmania.com Phone () 518 745-1462 H

City Queensbury State NY Zip Code 12804 Phone () 518 745-1462 FAX

Age Groups Accepted	Type(s) of Team Accepted *	B	G	Roster Size	# Guest Players Allowed	Length of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
U- 15 1/1/ 05	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 Minutes	11	<input type="checkbox"/>	4	\$1,250	<input type="checkbox"/>
U- 16 1/1/ 04	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 Minutes	11	<input type="checkbox"/>	4	\$1,250	<input type="checkbox"/>
U- 17 1/1/ 03	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 Minutes	11	<input type="checkbox"/>	4	\$1,250	<input type="checkbox"/>
U- 18 1/1/ 02	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 Minutes	11	<input type="checkbox"/>	4	\$1,250	<input type="checkbox"/>
U- 19 1/1/ 01	S1, S2, S3, S4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18	Unlimited	55 Minutes	11	<input type="checkbox"/>	4	\$1,250	<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>
U- 1/1/		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>			<input type="checkbox"/>

*List of types of teams and tournaments is on reverse side of this form.

RT RESTRICTED TOURNAMENT -Open only to members of US Youth Soccer and its State Associations.

Team will be restricted to teams within the state association Teams will be invited from all US Youth State Associations/Affiliates only.

UT UNRESTRICTED

TOURNAMENT Other US Soccer Members as listed: US Club, Super Y

Teams as listed: _____

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization

Rob Szmarz

Date 9/25/19

APPROVAL

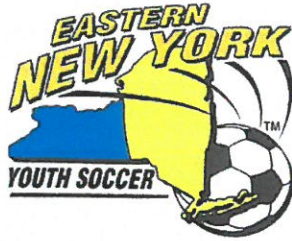
(For Official Use Only) STATE ASSOCIATION OR AFFILIATE



By *Margaret Carr*

Date 12/31/19

Title off-ice



Eastern New York Youth Soccer Application to Host a Tournament Documentation Checklist

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19 Aviation Road
Suite 9
Albany, NY 12205-1142


- Application completed and signed
 - ENYYSА-affiliated member league approved signature
- Tournament or Games Hosting Agreement completed and signed
- Tournament or Games rules attached

It is recommended to submit your application **to your league** at least 60 days prior to the game or first match of the tournament.

Any application received by the State Office within 30 days of the start of the tournament must be accompanied with a check for \$250.00, payable to Eastern New York Youth Soccer Association (ENYYSА).



US Youth Soccer

C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142

TOURNAMENT OR GAMES HOSTING AGREEMENT

In consideration of permission being granted to Ballston Spa Soccer Club / Mad Dog Mania Showcase Tournament to hold a tournament
or games at Gavin Park & PBA Fields Saratoga NY
(Hosting Organization) (City) (State)

On the dates of June 20 & 21, 2020, we agree to the following conditions:

ABIDE BY RULES: We shall abide by all statements made in our approved US Youth Soccer *Application to Host A Tournament or Games*, in our tournament invitation, in our tournament rules, in the US Youth Soccer *Travel and Tournament Policy* and in this US Youth Soccer *Tournament or Games Hosting Agreement*. We agree that all decisions regarding acceptance of teams into a tournament shall be fairly and impartially made and shall not be based upon race, creed, color or national origin and that we will not advertise by any means the tournament or games until all approvals are received.

INVITATIONS: The tournament or games approval form shall accompany all tournament or games invitations distributed.

HOUSING: We agree that we will not require a team to use only accommodations approved or provided by the hosting organization or other organization, unless disclosure is made on the tournament application form of the required hotel/motel names and the guaranteed rates.

PROCURING LIABILITY INSURANCE: We have procured liability insurance coverage for the tournament or games with limits of not less than \$1,000,000/\$2,000,000 which names the State Association or Affiliate with which the Hosting Organization is a member. A copy of the certificate of insurance, IF REQUIRED, is attached issued by Eastern NY

REQUIRING MEDICAL AUTHORIZATIONS: We shall require all teams participating in the tournament or games to provide medical releases for each player in an appropriate form. These authorizations shall be reviewed by the Hosting Organization at registration and kept in the possession of a team official

ADVANCE PUBLICATION OF RULES: We agree that our tournament or games rules shall be included with the invitation sent to each team and shall, again, be published to all teams accepted prior to the start of the tournament/games.

CREDENTIALS CHECKS: We agree that we shall conduct credentials checks to ensure that all players are registered with US Youth Soccer or US Soccer or a member thereof or their national association, properly rostered with their team, and participating in accordance with representations set forth on the US Youth Soccer *Application to Host a Tournament or Games*. We agree that we will not modify or mark in any way original rosters or member passes; and will not register any player, coach, or team official or issue any member pass.

USE OF US SOCCER REGISTERED REFEREES: We agree that we shall use for all games only US Soccer registered referees who are in good standing (unless US Soccer has granted a waiver to allow the use of authorized referees from another country), and shall use a one- or 3-referee system. We intend to use a 3-referee system for the following age groups: U15, U16, U17, U18, U19. There will be an adequate number of US Soccer registered referees available in the area during the tournament or game dates to cover the scheduled games. We have selected the following assignor to assign referees for the tournament or games (NOTE: ONLY US Soccer certified assignors may be used.):

Name Aaron Corman / CD Ref Phone () 503 577-0567 W
Address 53 Fleetwood Avenue Email tournament.cdref@gmail.com Phone () _____ H
City Albany State NY Zip 12208 Phone () _____ Fax

AVAILABILITY OF POLICE AND RESCUE SERVICE: We have notified the local police, ambulance, and emergency rescue services of the date of the tournament or games and the times and fields which will be used for games, and have been advised by them that they will be available to render assistance if needed. We will use the following method(s) of contacting emergency services
EMS will be onsite

TOURNAMENT OR GAME RULES – BEHAVIOR: We agree that our tournament or game rules contain provisions ensuring that the behavior of teams, players, coaches, and spectators is appropriately controlled, including specific provisions that—

- Spell out the disciplinary measures to be imposed for the issuance of red and yellow cards or other improper conduct;
- indicate what procedures will be followed regarding protests and appeals;
- indicate that all disciplinary measures imposed by hosting organizations shall be limited to placing restrictions upon an individual's group participation in the tournament/games;
- record the issuance of all red and yellow cards and other matters involving the conduct of a team, its players, coaches, and supporters and also report them immediately to the home State Association and the home club/league of the team; and
- state that the home State Association or member thereof and the home club or league shall, except in the case of referee assault or abuse, have the responsibility for imposing, should circumstances warrant, additional penalties within their respective jurisdictions with regard to any matters arising from the tournament or games.

TOURNAMENT CANCELLATION: We agree that our tournament or game rules shall state what refunds, if any, shall be made to participating teams if all or a portion of the tournament or games is cancelled by the hosting organization for any reason.

POST TOURNAMENT OR GAMES REPORT: We agree that we shall file any required Post Tournament or Games Report with the State Association or Affiliate granting us permission to host this tournament or games within 30 days after the conclusion of the tournament or games. We understand that failure to file the report may preclude the tournament/games host from receiving approval for any tournament/games for the following seasonal years until the report is filed. The Post Tournament or Games Report shall include the following information:

- the number of teams participating in each age group (boys and girls);
- if a champion is determined, the name of the champion for each group;
- the number of teams from each State Association, Affiliate, other Organization Member, or foreign country;
- if "Sportsmanship Awards" are given, the criteria for the award and to whom awards were given;
- the number of fields used for the tournament/games;
- the name of the sponsor, if any; and
- the names and teams of all players issued red and yellow cards, and details of any other matters involving the improper or unsporting conduct of a team, its players, coaches or supporters. **NOTE: Any incident of referee assault or referee abuse by a player, coach, manager, club official, or game official must be reported to the alleged offender's home State Association, or member thereof immediately, but in no event later than 48 hours after an incident of referee assault or abuse..**

Robert Szmarz
 Signature of Hosting Organization Designated Official
 9/25/19
 Date

Nancy Stangle
 Signature of Tournament or Games Director
 09/24/19
 Date

Hosting Organization Ballston Spa Soccer Club Phone () 516 238-8722 W
 Address 26 Berkshire Drive Email rob.szmarz@gmail.com Phone () 516 238-8722 H
 City Ballston Spa State NY Zip 12020 Phone () 518 745-1462 Fax

Tournament or Games Headquarters Mad Dog Mania Showcase Tournament Phone () 518 745-1462 W
 Address 3 Iroquois Drive Email nstangle@maddogmania.com Phone () 518 745-1462 H
 City Queensbury State NY Zip 12804 Phone () 518 745-1462 Fax



Tournament Promotion

C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142



Tournament Promotion Contract

Tournament Name	Mad Dog Mania Showcase Tournament
Tournament Date(s)	June 20 & 21, 2020
Club Name	Ballston Spa Soccer Club
League	CDYSL
Contact Name	Nancy Stangle
Website Address	maddogmania.com
E-mail	nstangle@maddogmania.com
Phone	(518) (745-1462)

Dates for Email Blast: 1) TBD 2) TBD 3) TBD

Free service to our members!

Agreement: I contract Eastern New York Youth Soccer Association (ENYISA) to advertise my sanctioned US Youth Soccer tournament. ENYISA will email coaches on the dates indicated above (maximum number of email blasts equal to 3). I will email a banner (jpeg format, with dimensions of EXACTLY 500 x 100 pixels*) and a flyer to asherwood@enysoccer.com. The banner will be placed on ENYISA website www.enysoccer.com and flyer will be emailed to registered travel coaches.

Signature	<i>Nancy Stangle</i>
Date	09/24/19

*ENYISA will not post banners that are not 500 x 100 pixels. ENYISA reserves the right to edit the size of the banner, not content, to optimize advertising on ENYISA website.

State Approval:

Date Approved	Authorized By:
	Permission to Host on File? YES NO

265 Sunrise Hwy, Suite 38, Rockville Centre, New York 11570
516-766-0849 • 1-888-5-ENYISA • Fax 516-678-7411 • E-Mail Asherwood@enysoccer.com

Mad Dog Mania College Showcase Tournament Rules

19 Aviation Road
Suite 9
Albany, NY 12205-1142

Tournament Headquarters

3 Iroquois Drive Queensbury, NY 12804
Director: Nancy Stangle

Registration

Check-in is at Gavin Park and the Saratoga PBA fields, one hour before the beginning of each team's first match. Teams are required to produce the following during registration: roster, player passes, medical release forms, and travel permission when required by your league or Association. For teams from Canada, players must produce a passport or proof of entry into the United States, player passes, and a completed form from its Provincial Association approving the team's participation in Mad Dog Mania Showcase Tournament.

Player Age and Eligibility

U15, U16, U17, U18, U19 Boys and Girls; 18 players per roster. The number of guest players is unlimited and must be included on a league approved roster; player passes and insurance forms are also required.

Teams

Home teams are determined by the first team in the bracket. All teams are required to have a dark and light jersey to resolve color conflicts. The Director will designate where teams and spectators are located during matches. There will be no persons located behind the goals and benches.

Player Credentials

Player passes will be present at all matches. Prior to each match player passes may be checked by the referee. Player numbers on jerseys will match the player number on the roster. If the numbers are not the same the player is ineligible to participate in that particular match until a change is made.

FIFA Laws

All matches in the Tournament will be played according to FIFA Laws of the Game, except the duration of the games will be 55 minutes; no halftime; teams switch sides at the end of 27 minutes. There is no overtime.

A player may be substituted on any stoppage of play with permission from the referee. Free substitution is allowed.

Shin guards are required for all players. Soft casts are permitted with permission of the referee.

Game Results

All teams play four matches; two each day. Tie games will remain ties; no overtime periods or penalty kicks to break ties.

Game scores are not recorded (this is a non-standing event). Therefore no awards are provided. The purpose of the Tournament is to provide quality matches and exposure of players to college coaches.

Violations

Referees are responsible for reporting cards to the co-directors, including ejections.

A player who receives two yellow cards or a red card in one match will not be allowed to play in the next match but may return for the following match.

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Protests

No protests will be allowed. Moreover, decisions by referees are final in all cases.

ZERO Tolerance Policy

No one, except the players, is to speak to the referee during or after the game. Exceptions: Coaches may ask questions before the game, call for substitutions, point out any emergencies during the game, or respond to the referee if addressed.

No disputing calls or feedback of any kind during or after games.

Abuse by players, coaches or supporters will result in immediate suspension for the balance of the tournament. Additional disciplinary action against a team or individual for serious offenses may result in non-eligibility for future tournaments offered by Ballston Spa SC. Player passes turned in for suspensions will be returned at the end of the tournament. Suspended players or coaches will be directed to locate themselves in the parking lot and may not communicate with the team in any capacity while the team is playing.

Disciplinary actions will be reported to the team's Federation Organization by the Director by both email and hard copy within twenty-four hours of the conclusion of the Tournament. For Canadian teams, disciplinary reports will be forwarded to USSF and will then be transmitted to the team's provincial association.

Field Marshals have the authority and right to remove any unruly or uncivil spectator from the game field perimeter and or the field complex area.

Animals, alcoholic beverages and smoking are not permitted.

Game Balls

The Tournament is responsible for supplying game balls for each match. All game balls will be "FIFA Approved"

Inclement Weather

In the case of inclement weather, the Tournament Directors have the authority to change, cancel or reschedule any game and/or its format.

Tournament Cancellation

A partial refund will be issued to teams, if the tournament is cancelled in its entirety. No refunds will be issued once the tournament begins, even if some games are not able to be played or completed.



CDYSL OFFICE USE ONLY	
CDYLS Received Date	_____
CDYSL Processed by	_____

REFEREE ASSIGNOR APPROVAL SHEET FOR ASSIGNING REFEREES FOR TOURNAMENTS

Tournament Name: Mad Dog Mania Showcase Tournament

Tournament Date(s):

Friday,	____/____/____	_____ PM
Saturday,	<u>06</u> / <u>20</u> / <u>2020</u>	<u>8</u> AM <u>6</u> PM
Sunday,	<u>06</u> / <u>21</u> / <u>2020</u>	<u>8</u> AM <u>6</u> PM*

Club Name: Ballston Spa Soccer Club

Age Groups: U15, U16, U17, U18, U19

Tournament Director Name: Nancy Stangle

Tournament Director Phone(s): 518 745-1462 (H) 518 744-7053 (C)

Tournament Director E-mail: _____ nstangle @ maddogmania.com

Assignor Signature: _____ Approved: _____

Date: _____ Denied: _____

**Reminder: League plays Sunday afternoons and has priority for referee coverage over tournaments.*

Please fill out this form and send it to CDYSL with your tournament hosting papers and CDYSL will send this to the referee assignor for their review. Thank you.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/12/2019C.D.Y.S.L.
19 Aviation Road
Suite 9
Albany, NY 12205-1142

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	K&K Insurance Group, Inc. 301 Commerce Street, Suite 2370 Fort Worth, TX 76102	CONTACT NAME: Sports Division
		PHONE: (800) 441-3994 FAX: (224)-572-5709 E-MAIL ADDRESS: kk.sports@kandkinsurance.com
INSURED	Eastern New York Youth Soccer Association 265 Sunrise Highway, Suite 38 Rockville Centre, NY 11570	INSURERS AFFORDING COVERAGE
		Insurer A: National Casualty Company NAIC # 11991
		Insurer B: Nationwide Life Insurance Company 66869
		Insurer C:
		Insurer D:
		Insurer E:

COVERAGES CERTIFICATE NUMBER: 19035083 REVISION NUMBER: 0

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		KKO-80986-00	9/1/2019	9/1/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE UNLIMITED PRODUCTS - COMP/OP AGG \$3,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KKO-80986-00	9/1/2019	9/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$			XKO-80987-00	9/1/2019	9/1/2020	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under		N/A				WC STATU-TORY LIMITS OTH-ER E. L. EACH ACCIDENT E. L. DISEASE - EA EMPLOYEE E. L. DISEASE - POLICY LIMIT
B	PARTICIPANT ACCIDENT MEDICAL			BAX-308692-00	9/1/2019	9/1/2020	\$200,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required)

This certificate is issued on behalf of Eastern New York Youth Soccer Association & Capital District Youth Soccer League/BALLSTON SPA SC. Only activities sanctioned by Eastern New York Youth Soccer, an affiliate of US Youth Soccer, and its registered members, teams and clubs. This certificate holder is named as an additional insured with respect to the liability insurance. The general liability policy includes coverage for sexual abuse/molestation claims at limits of \$1,000,000 per occurrence/\$2,000,000 aggregate.

CERTIFICATE HOLDER

Town of Wilton/Gavin Park
10 Lewis Drive
Saratoga Springs, NY 12866

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CDNSL OFFICE USE ONLY
 CDNSL Approved Date _____
 CDNSL Received by _____

**REFEREE ASSIGNOR APPROVAL SHEET
 FOR ASSIGNING REFEREES FOR TOURNAMENTS**

Tournament Name: Mad Dog Mania Showcase Tournament
 Tournament Director: _____

Friday, 06 / 20 / 2020 8 AM 6 PM
 Saturday, 06 / 21 / 2020 8 AM 6 PM*

Club Name: Balilston Spa Soccer Club

Age Group: U15, U16, U17, U18, U19

Tournament Director Name: Nancy Stangle

Tournament Director Phone(s): 518 745-1462 (H) 518 744-7053 (C)

Tournament Director E-mail: nstangle @ maddogmania.com

Assignor Signature: [Signature] Approved: [Signature]

Date: 11/21/19 Detach: _____

*Remember to give your Sunday assignments and fee priority for referee assignments over tournaments.

Please fill out this form and send it to CDNSL with your tournament booking papers and CDNSL will send this to the referee assignor for their review. Thank you!

Form T118