



Dakota United Soccer Club

Presents

The 6th Annual Frosty's Cup



Soccer enthusiast,

You are receiving this letter because you have expressed an interest in participating in Bismarck's premier indoor soccer event; The 6th Annual Dakota United Soccer Club's Frosty's Cup.

Tournament Information:

- Tournament Date: **Friday, February 24, 2012 through Sunday, February 26, 2012** at the Fore Seasons Golf Dome located at 2525 N 19th St, Bismarck, ND.
- Entry fee is \$265 per team. No refunds will be made unless the team is excluded from tournament. Team Registration form and rules for the tournament can be found at Dakota United Soccer Club's website at www.dakotaunitedsoccer.com
- We will make every effort to accommodate traveling teams with the most convenient schedule possible. We appreciate the effort involved in bringing a team to an out-of-city and state location!
- Divisions will be split into Boys and Girls, ages U12, U14, U16, U19 (DUSC reserves the right to combine age groups if needed.). A player's age group is based on his or her highest age between August, 1, 2011 and July 31, 2012). Players must be a **minimum of 10 years of age** before the start of the tournament to participate in the U12 division.
- Competition matches will be 5v5 on artificial turf surfaces. Each team is guaranteed 3 games.
- Individual awards will be given to 1st and 2nd place teams in each age group. There is a maximum roster size of 10, please note only 5 players are allowed to be on the field at once, and only 10 awards will be given out per team for 1st and 2nd place. Players may only play on 1 team in the tournament.
- **All players must be registered members of the US Soccer Federation.**
Forms required per player and team:
 1. Medical Release Waiver – can be found at www.dakotaunitedsoccer.com
 2. Player's Cards from 2011-2012
 3. Copy of Birth Certificate
 4. Team Roster including birth dates

(Please note players registered with DUSC for the indoor fall/winter 2011-12 sessions do not need the listed paperwork, it is already on file.
- We will try to get the competition schedule out to you by February 10th, 2012 via email, so that you can make your travel plans. However, check the Dakota United website at www.dakotaunitedsoccer.com for changes.
- We would like to know that you have arrived safe and sound in Bismarck, so please "sign in" your team at the registration desk at The Fore Seasons Dome, no less than 1 hour before your first game. Rosters are frozen at this time. At check in you will need your team's player cards, medical releases, and final roster.
- Concessions will also be available at the Dome and the location is near a large shopping mall and many restaurants.

Hotel Information:

Our "Hotels of Choice" for the tournament is the Bismarck Days Inn and Bismarck Expressway Inn. Our friends at the Days Inn & Expressway Inn have come up with an excellent package that includes great room rates and includes complimentary breakfast! Call the Days Inn at 800-329-7466 or 701-223-9151 or visit online at www.daysinnbismarck.com to make reservations. Call the Expressway Inn at 1-800-456-6388 or 701-222-2900 or visit online at www.expresswayhotels.com. Call the Hampton Inn at 1-800- HILTONS or 701-751-3100 or visit on-line at www.hamptoninn.com. Call the Holiday Inn Express at 1-800-315-2621 or 701-221-0850 or visit on-line at www.hiexpress.com. The Block name to ask for is the "Frosty's Cup Soccer Tournament".

Questions or Concerns Contact:

- Email DUSC at dakotaunited@live.com

Team Registration Form and \$265 fee are due by February 4, 2012. Mail form and fee to the address below:

Dakota United Soccer Club
PO BOX 1632
Bismarck, ND 58502

*Checks may be written out to Dakota United.



Dakota United Soccer Club

Frosty's Cup Team Registration Form



Team Contact Information:

Team Name: _____

Age Division: _____ Gender Division: _____

Team Coach Contact Information

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

(MANDATORY) Email: _____

*** Team schedules will be sent via email to each teams coach once completed**

Team Roster:

Name (First & Last)	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

***Only 10 awards maximum will be given out per team. Game Format is 5v5.**

***THIS FORM, along with \$265 Team Fee, needs to be mailed by February 4, 2012 to:**

Dakota United
Attn: Frosty's Cup
PO BOX 1632
Bismarck, ND 58502

Dakota United Soccer Club
PLAYER INFORMATION AND MEDICAL RELEASE

Player name: _____ Birth date: _____

Address: _____ City _____ State _____ Zip _____

Parents/Guardians:

Father/Guardian: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Mother/Guardian: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Emergency contact: Name: _____

Home # (____) _____ Work # (____) _____ Cell # (____) _____

Medical/Insurance information:

Allergies/Medical conditions: _____

Player's physician: _____ Phone: _____

Medical Insurance provider: _____

Policy holder: _____ Policy number: _____

Parent/Guardian Approval for treatment and Medical Release:

In recognition of the possibility of physical injury associated with consideration for the Dakota United Soccer Club and the Bismarck Parks and Recreation Department and their affiliates accepting the registrant for their Indoor Soccer tournament, I hereby release, discharge and/or otherwise indemnify the Dakota United Soccer Club and the Bismarck Parks and Recreation Department, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of premises upon which the tournament is held, against any claim by or on behalf of the registrant as a result of the registrant's participation in the tournament and/or being transported to or from the same, which transportation I hereby authorize. My child identified above has received a physical examination by a physician and has been found physically capable of participating in the tournament. I hereby give consent to have a doctor of medicine or dentistry, or licensed nurse or emergency technician provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date