

Soccer—Youth

U-8 to U-17/18/19

Sponsored By



Commissioners

Jan Wells
601-917-3209

Tournament Director

Tristan Rowell ▪ tristansrowell@gmail.com

Dates

June 7-8, 2025

Sites

Meridian Jaycee Soccer Complex
1500 Old 8th Street Road
Meridian, MS 39307

Sammie Davidson Complex
1617 College Drive
Meridian, MS 39305

QV Sykes Park Football field
900 QV Sykes Lane
Meridian, MS 39307

Meridian Community College
910 Highway 19 North
Meridian, MS 39307

Northeast Park Complex if needed

Entry Fees

U8 (Competitive 7 vs 7) – \$400
U9 – \$425
U10 – \$425
U11 – \$450
U12 – \$450
U14 – \$500
U16 – \$500
U 17/18/19 – \$500

Deadline

May 16, 2025 – Registration opens March 17, 2025
This registration is not complete until your fee has been paid.

Format/Rules

Each team will be responsible for securing an official roster and player passes to be used at the State Games. This applies to all youth soccer age divisions (U9-U19).

U8 is not required to have player passes.

U8 (competitive) will play 7 vs. 7 format with a goalkeeper. U8 will play 4 ten minute quarters with a 5-minute half-time. They will have a 2-minute heat break in between each quarter.

Deadline is May 16, 2025. Coaches will not be allowed on the playing field. U8 (competitive) teams will play bracket games for points to qualify for advancement to play off rounds on Sunday for Gold, Silver and Bronze.

Note: State Games Youth Soccer is an unrestricted event sanctioned by USYS and US Club Soccer. State games provides insurance for all teams, players and officials regardless of their affiliation. Any team within the state of Mississippi is welcome and allowed to participate.

U9- U12 age divisions:

The U9 and U10 age divisions will play 7 vs. 7.
The U11 and U12 divisions will play 9 vs. 9.
Halves will be 25 minutes with a 2-minute heat break at the 12-minute mark.

The U14 and U16 age divisions:

U14 will play 30-minute halves.
The U16-U19 will play 35-minute halves.

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Soccer—Youth (continued)

U-8 to U-18/19

All age divisions will have the option of playing semi-final and final games based on number of teams accepted in each age division.

Every age will have free substitution.

Official roster required for all divisions.

A 10-point scoring system will be used for every age group.

Field Sizes

U8	40 x 70
U9-U10	45 x 75
U11-U12	50 x 80
U14-U19	70 x 105

Goal Sizes:

U8	6 x 12
U9-U10	6 x 18
U11-U12	7 x 21
U14-U19	8 X 24

Other Information

If you are interested in being a referee, please contact our referee assigner Bill Green, luvsoccer@bellsouth.net, 601-954-7659.

SELECT T-SHIRT SIZES FOR ALL PLAYERS & COACH:

Size	Number
<input type="checkbox"/> YM	_____
<input type="checkbox"/> YL	_____
<input type="checkbox"/> AS	_____
<input type="checkbox"/> AM	_____
<input type="checkbox"/> AL	_____
<input type="checkbox"/> AXL	_____
<input type="checkbox"/> AXXL (1\$ extra)	_____
_____ Total Number of Shirts	

COACH:

IMPORTANT: Roster & waiver forms must be returned by date listed above.

TO ENTER

PRINT clearly.

Information: 601.482.0205, StateGamesofMS.org or sportsdirector@stategamesofms.org
Send entry & check or money order to: State Games of MS, P.O. Box 5866, Meridian, MS 39302.

Sport: Youth Soccer Age Group:

☐ Boys'

☐ Girls'

Team Name:

Total # Players:

Coach's Last Name:

First Name:

Address:

City:

State: Zip:

E-mail:

Phone (w):

(h):

Entry Fee(s): \$

T-shirt size: ☐ YM ☐ YL ☐ S ☐ M ☐ L ☐ XL ☐ XXL (\$1 extra)

XXL T-Shirt Fee: \$

Note: One shirt included in entry fee.

TOTAL ENCLOSED: \$

Youth Soccer Team Roster

***Please include this roster along with official roster to ensure proper shirt sizes.**

Team Name:
Age Group:
☐ Girls
☐ Boys

Head Coach:
Address:

City:
Zip:
Phone (day):
(night):
T-shirt:

Ass't Coach:
Address:

City:
Zip:
Phone (day):
(night):
T-shirt:

List all information below on players. YM, YL, S, M, L, XL, XXL (add \$1 for XXL)

1 Name:

T-shirt size:

Parent's Email Address:

2 Name:

T-shirt size:

Parent's Email Address:

3 Name:

T-shirt size:

Parent's Email Address:

4 Name:

T-shirt size:

Parent's Email Address:

5 Name:

T-shirt size:

Parent's Email Address:

6 Name:

T-shirt size:

Parent's Email Address:

7 Name:

T-shirt size:

Parent's Email Address:

8 Name:

T-shirt size:

Parent's Email Address:

9 Name:

T-shirt size:

Parent's Email Address:

10 Name:

T-shirt size:

Parent's Email Address:

11 Name:

T-shirt size:

Parent's Email Address:

12 Name:

T-shirt size:

Parent's Email Address:

13 Name:

T-shirt size:

Parent's Email Address:

14 Name:

T-shirt size:

Parent's Email Address:

15 Name:

T-shirt size:

Parent's Email Address:

16 Name:

T-shirt size:

Parent's Email Address:

17 Name:

T-shirt size:

Parent's Email Address:

18 Name:

T-shirt size:

Parent's Email Address:

Team Waiver Form

Release of All Claims & Covenant Not to Sue

Sport: _____

Team Name: _____

Coach: _____

This form MUST be signed by every coach, athlete and legal guardian (if coach or athlete under the age of 18). Teams will not be allowed to compete unless this waiver is completed and matches the roster! NO EXCEPTIONS WILL BE ALLOWED.

IN CONSIDERATION of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned: **ACKNOWLEDGE AND FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk of serious injury and/or communicable disease (COVID-19), including permanent disability and death, and severe social and economic losses that might result NOT only from his or her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or now reasonably foreseeable at this time. **ASSUME** all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** State Games of Mississippi, Inc., sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Government of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage of or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

COACHES

1 Name: _____ **Date:** _____

Coach Signature: _____ Shirt Size: _____

2 Name: _____ **Date:** _____

Coach Signature: _____ Shirt Size: _____

TEAM MEMBERS

3 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

4 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

5 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

6 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

7 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

8 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

9 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

10 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

tors, successors, assigns or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage of or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(Under age 18 at the time of registration.)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted

11 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

12 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

13 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

14 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

15 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

16 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

17 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

18 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

19 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

20 Name: _____ **Date:** _____

Athlete Signature: _____ Shirt Size: _____

Parent/Guardian Signature: _____

State Games of Mississippi

General Information

Athletes participate in true competitions, and are awarded Olympic-style gold, silver and bronze medals for the top three places in each division or event within all sports.

Every athlete receives a t-shirt and entry to all venues. You can enter many ways! First, you can send back this entry form and all waivers. Make sure you mail in the entry by the due date listed. If you are interested in one of our other sports, simply call for a form (800-482-0205) or [go to our website, www.stategamesofms.org](http://www.stategamesofms.org) to enter on-line or download the entry forms and waivers.

To avoid late fees and long lines, be sure to get your entry form and check in early. Confirmation materials are sent if we receive your entry form five days before your sport entry deadline. Don't limit yourself to one sport!

Anyone who has been a resident of Mississippi for at least 30 days is qualified to participate in the State Games of Mississippi. In addition, students registered in Mississippi colleges and universities and military personnel assigned to facilities in Mississippi are eligible. Participants from other states are eligible if that state has no State Games organization or if their organization does not offer the sport in which the participant wishes to compete. Permission may be granted from other states for an athlete to participate out-of-state if they participate in their own State Games in a particular sport.

Refunds will be given only in the following circumstances:

- 1) Entry received after the deadline and the maximum number of teams or participants in your sport has been met;
- 2) Minimum number of teams or participants in your sport has not been met; or
- 3) Entry received from a non-qualified participant. **Important: No refunds will be given if events are cancelled due to weather or other acts of God.**

The State Games of Mississippi reserves the right to disqualify any coach or athlete from the Games for failure to exhibit the qualities and behavior or good sportsmanship. Unsportsmanship includes, but is not limited to: False representation of age, residency or eligibility; destruction of property; disorderly conduct; fighting; improper use of alcohol and/or drugs; and wearing clothing that reflects poorly on the Games.

The Opening Ceremonies and sports using outdoor sites are subject to weather, and we repeat: No refunds will be given if events are cancelled due to weather or other acts of God. Competitions will be conducted unless commissioners, facility manager and State Games of Mississippi officials determine the weather conditions to be potentially dangerous or life threatening, or if playing fields would incur damage.

It is the responsibility of each participant to obtain insurance. In some instances, the National Governing Body, which sanctions events, may have secondary coverage. In the event of an emergency, injury or illness, State Games of Mississippi will have medical aid available to assist the injured. Please note, preparation for competition, such as taping, will not be provided. No athlete will be allowed to participate without signing the appropriate waiver.

