



**2026 Eugene Metro FC 3v3 Challenge Cup  
Tournament Entry Form  
June 6, 2026  
Willamalane Sports Park**

250 South 32<sup>nd</sup> Street, Springfield, OR 97478

**Early Registration Entry Fee is \$200 (Early Entry Ends April, 20th 2026) Regular Entry Fee is \$250.** Maximum of 5 players per team. 4 game guarantee. Registration deadline is **Wednesday, May 20th 2026.**

**Payment Options:** 1. Pay online via our website: <https://www.emfc.org/payment/>  
2. Make out check to EMFC and mail to EMFC, PO Box 10914, Eugene OR 97440

**YOU MUST REGISTER YOUR TEAM ONLINE VIA OUR WEBSITE IN ADDITION TO THIS ENTRY FORM.**

**General Information**

Games will be played on Turf fields at Les Schwab Sports Park in Springfield. Duration of games is two 12-minute halves. Tournament rules can be found on the website. Game schedule will be posted on the website on Tuesday May 26, 2026. Games will start at 9am and end around 7pm.

All schedules and rules will be posted on [www.emfc.org](http://www.emfc.org)

No refunds are given. For more info, please call 541-343-5100 or email [directorops@emfc.org](mailto:directorops@emfc.org)

**Divisions: There will be separate boys & girls brackets for each age group**

**Age group determined by OYSA 2025/2026 age chart**

U8	oldest player born in 2018	U13	oldest player born in 2013
U9	oldest player born in 2017	U14	oldest player born in 2012
U10	oldest player born in 2016	U15	oldest player born in 2011
U11	oldest player born in 2015	U16	oldest player born in 2010
U12	oldest player born in 2014	U19	oldest player born in 2007

-----  
**Eugene Metro FC 3 v 3 Challenge Cup Entry Form – Deadline for entry is May 19, 2026**

**Team Name:** \_\_\_\_\_

**Address** \_\_\_\_\_ **zip** \_\_\_\_\_

**Team Manager:** \_\_\_\_\_ **Phone (1)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone (2)** \_\_\_\_\_

**Check Gender:**      **Girls** \_\_\_\_\_      **Boys** \_\_\_\_\_

**Check Age Bracket:**

U8 \_\_\_ U9 \_\_\_ U10 \_\_\_ U11 \_\_\_ U12 \_\_\_ U13 \_\_\_ U14 \_\_\_ U15 \_\_\_ U16 \_\_\_ U17/9 \_\_\_

**Check Division:**      **Gold:** \_\_\_\_\_      **Silver:** \_\_\_\_\_

**Mail completed forms to:**  
Eugene Metro Fútbol Club  
P.O. Box 10914  
Eugene, OR 97440

**ALL ENTRIES MUST BE RECEIVED BY MAY 20, 2026**

Please email [directorops@emfc.org](mailto:directorops@emfc.org) a copy or picture of signed roster and Entry form.

<p><b>Player 1 (Captain)</b> _____                  Address _____                  City _____ State _____ ZIP _____                  Phone (1) _____ (2) _____                  Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____                  Signature of Parent / Guardian _____                  By signing, you have read &amp; agreed to the *Waiver of Liability &amp; Rules, as well as the Medical Release.</p>	<p><b>Player 2</b> _____                  Address _____                  City _____ State _____ ZIP _____                  Phone (1) _____ (2) _____                  Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____                  Signature of Parent / Guardian _____                  By signing, you have read &amp; agreed to the *Waiver of Liability &amp; Rules, as well as the Medical Release.</p>
<p><b>Player 3</b> _____                  Address _____                  City _____ State _____ ZIP _____                  Phone (1) _____ (2) _____                  Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____                  Signature of Parent / Guardian _____                  By signing, you have read &amp; agreed to the *Waiver of Liability &amp; Rules, as well as the Medical Release.</p>	<p><b>Player 4</b> _____                  Address _____                  City _____ State _____ ZIP _____                  Phone (1) _____ (2) _____                  Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____                  Signature of Parent / Guardian _____                  By signing, you have read &amp; agreed to the *Waiver of Liability &amp; Rules, as well as the Medical Release.</p>
<p><b>Player 5</b> _____                  Address _____                  City _____ State _____ ZIP _____                  Phone (1) _____ (2) _____                  Male / Female Age _____ DOB _____ / _____ / _____</p> <p>Signature _____                  Signature of Parent / Guardian _____                  By signing, you have read &amp; agreed to the *Waiver of Liability &amp; Rules, as well as the Medical Release.</p>	<p><b>Entry Fee:</b>                  Entry fee of \$200 or \$250 per team must be paid online or via check. Please make checks payable to Eugene Metro Fútbol Club  <b>Mail Entry Form To:</b>                  Eugene Metro Fútbol Club                  P.O. Box 10914                  Eugene, OR 97440  <b>ALL ENTRIES MUST BE RECEIVED BY MAY 20, 2026</b></p>
<p><b>*Waiver of Liability:</b> Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with my participation in this tournament and its related activities. I release, waive, discharge and covenant not to sue Eugene Metro Fútbol Club, and both groups affiliate organizations, event sponsors, event charities and their workers, employees and directors, and the staff and organizers from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for photos, motion pictures, TV, radio, recordings, videotapes, and other media known or unknown, and to use them, no matter by who taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursement of any kind due to me, or the need to pay me any fee.</p>	

**Signature of Coach / Manager:**

\_\_\_\_\_  
 By signing, you have read & agreed to the \*Waiver of Liability & Rules

**Medical Release and liability waiver:**

I authorize medical and diagnostic care, and a treating physician for my child may perform hospital procedures as if I cannot be reached in the case of an emergency. I agree that neither I nor my child will bring any claims against EMFC or its tournament or camp coaches as a result of any injuries, expenses or damages that I or my child may suffer in connection with the program whether such claims, known or unknown, may arise in the future.

**ROSTER FORM – PLEASE SEND WITH ENTRY FORM AND DON'T FORGET TO REGISTER THE TEAM ONLINE VIA OUR WEBSITE.**