Essential guidelines for a successful tournament event

2025 ISLANDS BEST TOURNAMENT OVERVIEW

MEETING PROGRAM

- Team Registration and Region Responsibilities
- Team Application and Approval Process
- Tournament Fees and Payment Methods
- Roster Submission and Player Eligibility
- Coach, Player, and Referee Verification Procedures
- Referee Information Submission and Contacts
- Team Roster Printing and Affinity System Instructions
- Affinity Compliance Report Creation and Submission



Team/Region Link

<u>Island Best Tournament Application - Online Registration</u>

ONLINE APPLICATION PROCEDURE AND PORTAL USAGE

Team Registration Process

Teams and coaches must register through the official online portal for tournament entry.

Approval Requirement

Application alone does not guarantee tournament entry; Regional Committee approval is mandatory.

REGIONAL NOTIFICATION AND DISCRETION IN TEAM PARTICIPATION

Notification Process

Regions receive team application notifications via email to stay informed promptly.

Discretionary Rights

Regions have the authority to disallow team participation at their discretion.

CONDITIONS FOR TOURNAMENT ENTRY AND RC APPROVAL

Registration Process

Teams and coaches register through the official Islands Best Application portal to apply for tournament entry.

RC Approval Requirement

Applying alone does not guarantee entry; Regional Committee approval is mandatory for participation.

Regional Notification and Discretion

Regions receive email notifications of applications and can disallow team participation at RC's discretion.

Age Division Fees

Fees vary by age group with 10U and 14U at \$350 and 12U at \$400, reflecting competition levels.

Early Bird Discounts

Early bird rates offer savings of \$100 for 10U and 14U, and \$100 for 12U, encouraging early registration.

Additional Deposits

A referee deposit of \$300 per team

Registration Deadline

The early bird registration deadline is December 5, 2025, to qualify for discounted fees.

PAYMENT OPTIONS AND MAILING INSTRUCTIONS FOR REGIONAL CHECKS

Check Payment Instructions

Send two separate regional checks payable to AYSO Area 7E, for team fees and referee deposits.

Mailing Address

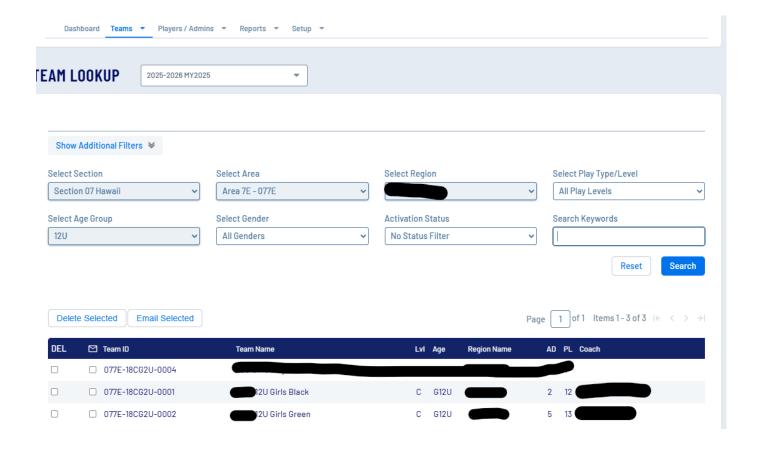
Checks must be mailed to Mike Sakamoto 98-1404 Kaonohi St., Aiea, HI 96701.

Payment System Status (update 11/21/2025)

Credit card payments are available in Affinity. A 2.8% (i.e., \$600x2.8%=\$16.80) + \$3.50 transaction fee applies.

E-check payments are available in Affinity with a \$5 transaction fee.

ROSTER SUBMISSION AND PLAYER ELIGIBILITY



INSTRUCTIONS FOR ROSTER SUBMISSION AND CHANGES

Roster Affinity Instructions

Detailed instructions for roster submission will be provided. See Print Screen

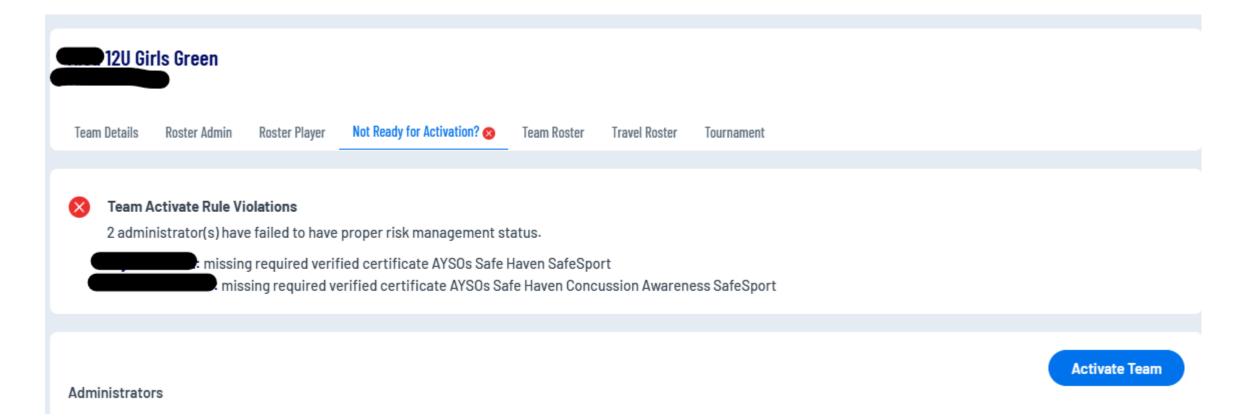
Roster Submission Deadline

All team rosters must be submitted by December 12, 2025 to be eligible for competition.

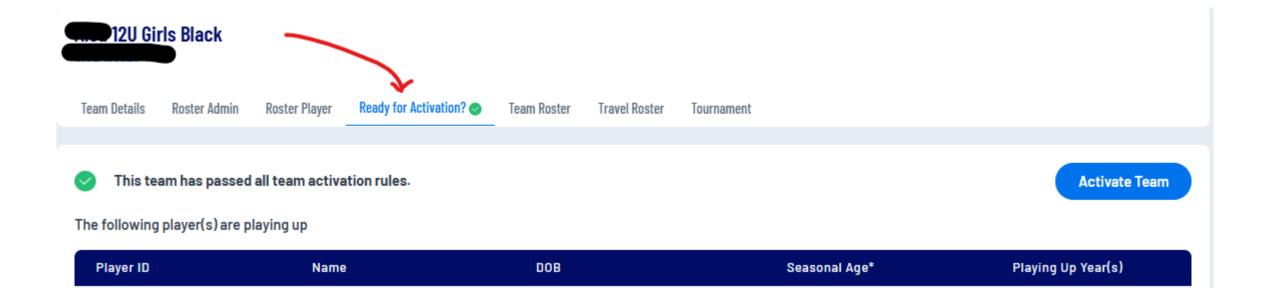
Final Roster Change Deadline

Final changes to players and jersey numbers must be submitted by December 19, 2025 to meet organizational deadlines.

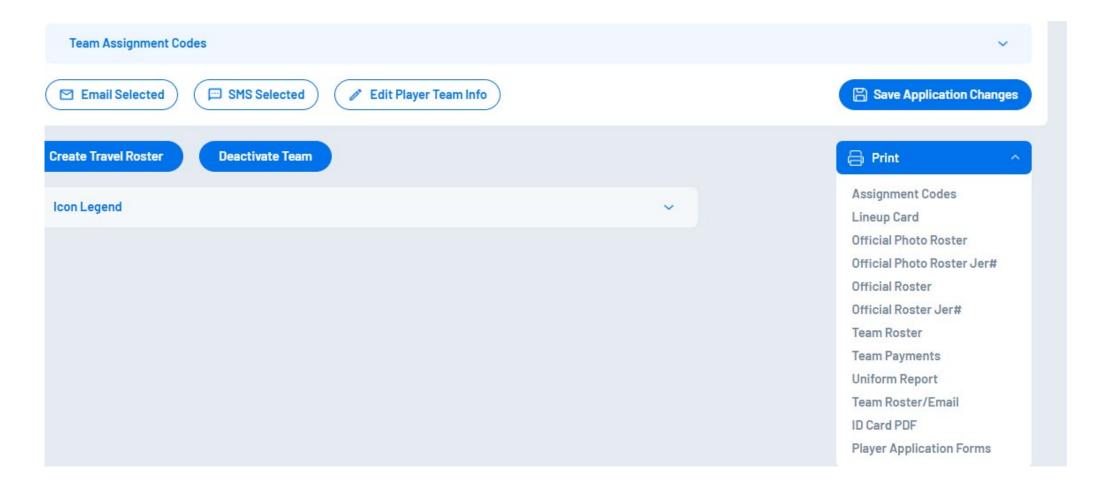
Check your team roster if ready to activate.. If team cannot be activated, it is possible that a coach, admin is missing a certificate



Teams that meet admin certification policy should be able to activate



Once the team is activated, the print option are available to print the Official Roster with Jersey numbers. If you need to update or correct a jersey number, deactivate make the correction and activate. Once the deadline passes, the rosters will be locked.



AYSO

Official Roster 2025-2026 MY2025



12U Girls Black

Gender: Girls

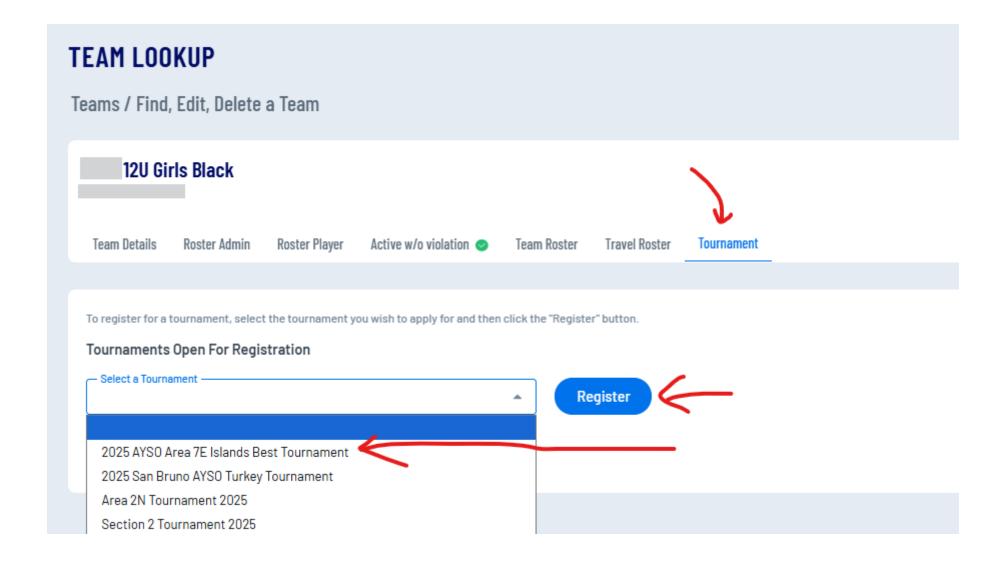
Age Group: 12U

Team Number: 077E-18CG2U-0001

Region:		P	lay Type:	Core	
				` .	\ .
				7	7
Name	I.D. #	Phone	Position	Highest Lic LvI	RM Exp
1			HC	Advanced (19U) Coach	11/16/2026
2			RE	12U Coach	12/10/2026
Name	I.D. #	Birthday	Jer#	Roster Date	
	33671-037719	11/06/2014		08/17/2025	
	52947-406731	01/12/2015		08/17/2025	
	71825-882171	11/13/2014		08/17/2025	
	12818-833563	08/07/2015		08/17/2025	
	23124-766436	01/23/2014		08/17/2025	
	47538-016843	03/12/2014		08/17/2025	
	89746-096108	01/12/2015		08/17/2025	
	17925-225648	05/30/2014		08/17/2025	
	74379-070278	05/06/2014		08/17/2025	
	56112-533671	05/09/2015		08/17/2025	
	44465-260811	10/27/2014		08/17/2025	
	17387-424530	07/12/2014		08/17/2025	

Check Risk Management date is will expire right before the tournament dates.





MEDICAL RELEASE FORM REQUIREMENTS FOR COACHES



Medical Release Form Provision

Coaches must have medical release forms for each rostered player to ensure safety and compliance.



Form Format Options

Forms can be provided either in hard copy or digital formats to suit different needs.

REFEREE VERIFICATION, CERTIFICATION, AND SUBMISSION PROCESS



Verification and Submission

Regions must verify and submit referee details to the tournament committee accurately and on time.

Certification Requirements

Referees need full registration and certification via AYSO or USSF for their specific match age division.

Use of Spreadsheets

Regions may create spreadsheets listing referee names, IDs, and certification levels to organize data efficiently.

Submission Deadline

The deadline for submitting all referee information is December 22, 2025; timely submission is crucial.

TEAM ROSTER PRINTING AND AFFINITY SYSTEM INSTRUCTIONS

PRINTING OFFICIAL ROSTERS AND FILE PROTECTION SUGGESTIONS

Printing Official Rosters

Print the official team roster including jersey numbers after team activation for clear record keeping.

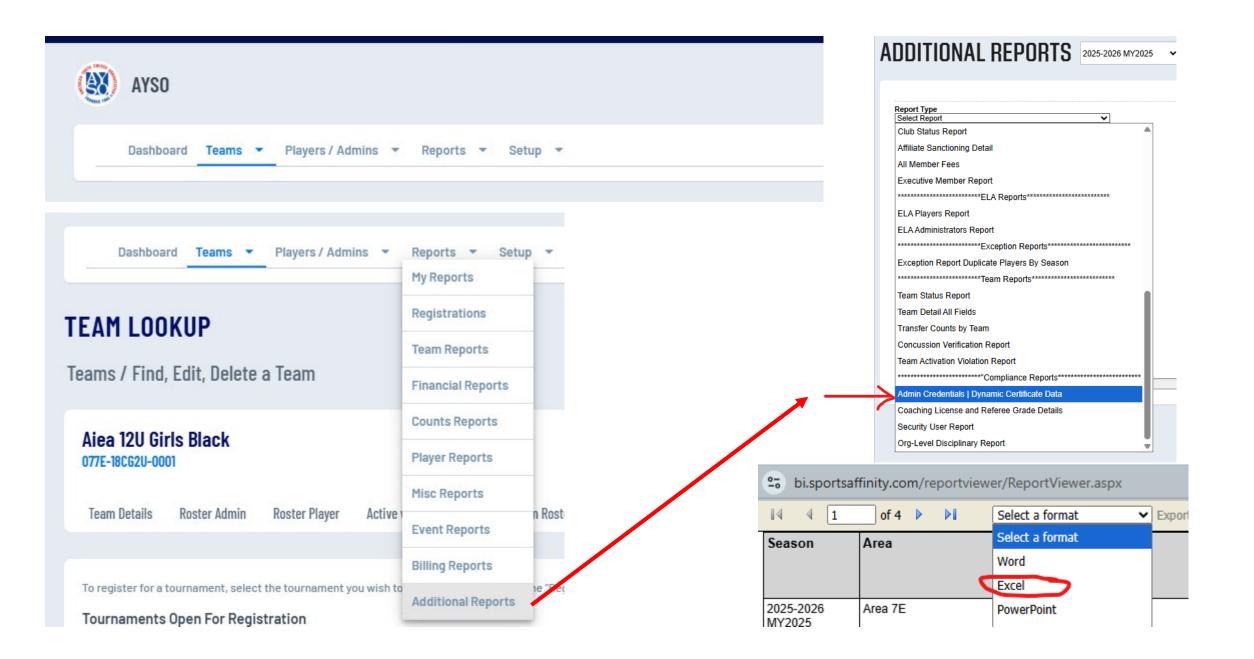
Saving as PDF

Save the official roster as a PDF file to easily share with your coach digitally.

Password Protection

Protect the PDF file with a password known only to coaches to secure sensitive team information.





11/24/2025 Sample Footer Text

16

AFFINITY COMPLIANCE REPORT CREATION AND SUBMISSION

DELETE Un-needed Rows and Columns

Submission Deadline

The deadline for submitting referee information is December 22, 2025. Ensure timely submission to avoid delays.

Referee Information Submission

Referee details must be sent to the specified address or contact point before the deadline for processing.

Below is only the required columns needed in the report. (see image)

Island Best Tournament - Referee List					HINT: Use						
REGION	999										
Admin ID	First Name	Last Name	Mobile Number	Email	Risk Status	Risk Expire Date			AYSOs Safe Haven Verified Date	SafeSport Uploaded	SafeSport Expire Date
85051-543631					Green	12/14/2026	Regional Referee	08/28/2024	09/04/2017	07/09/2025	10/07/2026
54188-061189					Green	11/11/2025	National Referee	05/06/2025	12/08/2012	07/02/2025	09/30/2026

11/24/2025 Sample Footer Text

17

EDITING AND SAVING THE REPORT FOR REFEREE VOLUNTEERS



Remove Unnecessary Data

Delete columns and rows that are not needed for the referee volunteer report to streamline information.



Keep Basic Information

Ensure only the essential volunteer details remain for clarity and relevance in the report.



Save and Share

Save the edited report file and send it via email to the relevant parties.

CONCLUSION

Coordination of Registration

Effective registration coordination is key to managing participant information and event entry smoothly.

Verification and Compliance

Verification and compliance ensure all participants meet event requirements and maintain fairness.

Payment Management

Proper payment handling guarantees financial transactions are secure and efficiently processed.

Ensuring Fair Event

Following guidelines ensures a successful, fair, and wellorganized tournament for all involved.

2025 IBT Affinity site for Coaches, Parents

https://ayso-2025ibt.sportsaffinity.com/ (Site is not yet setup with game info as of 11/21/2025)

The section website page may also be updated.

https://www.aysosection7.org/Default.aspx?tabid=971156

Page 1 of 1

League Name and #:	Area 7E			League Code :	01						
Club Name and #:				Club Code:	18						
Play Level : Gender : Age Group : Status : Admins	077E-18CG2U-0001 Core Girls 12U Active			Number of Players: Number of Admins: Team Home Color: Team Away Color: Head Coach: Team Manager(s):	2			Z	_		
Admin ID	Last Name	First Name	<u>DOB</u>	Address	City	<u>Zip</u>	Phone Phone	Cert Level	License #		Role
								Α			Head Coach
Players				•				12		Green	Referee
Player ID	Last Name	First Name	DOB	Address	City	Zin	Phone	Rank	Transfer	Req Date	

Signa	atures: Head Coach :	Team Manager :	Registrar :
1			