



# 2026 OVFA 3v3 Championship

June 20, 2026, Mid-Willamette Family YMCA, Albany OR

**What:** 3v3 tournament with FOUR (4) 24-minute game minimum, 5-player max. roster size, \$200/team

Girls and Boys ages U10 to U19, recreational and competitive divisions

**When:** Saturday June 20, 2026, first games may kick off at 8:30am

**Where:** Mid-Willamette Family YMCA, 3201 Pacific Blvd SW, Albany OR

**Details:** Registration Deadline Wednesday June 10 2026, bracket will close as they fill

Age groups based on OYSA 2026/27 age groups

Tournament Age Group	Oldest Player Allowed
U8	7/31/20 – 8/1/18
U10	8/1/16
U12	8/1/14
U14	8/1/12
U16	8/1/10

**Questions:** Email Tournament Director, Jason Hower, [JHower@OVFAAlliance.com](mailto:JHower@OVFAAlliance.com)

## Team Registration Process

1. Go Online to REGISTRATION WEBSITE to register your team and pay the fee
2. Complete the paper registration form, both pages
  - a. EMAIL completed and signed copy to [JHower@OVFAAlliance.com](mailto:JHower@OVFAAlliance.com) OR
  - b. Bring completed and signed hard copy to tournament HQ 30min before first game

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

Team Manager: \_\_\_\_\_ Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Check Age Bracket: U8 \_\_\_\_\_ U9 \_\_\_\_\_ U10 \_\_\_\_\_ U11 \_\_\_\_\_ U12 \_\_\_\_\_ U13 \_\_\_\_\_ U14 \_\_\_\_\_ U15 \_\_\_\_\_ U16 \_\_\_\_\_ U17/9 \_\_\_\_\_

Check Division: Recreational: \_\_\_\_\_ Competitive: \_\_\_\_\_

**Entries must be received by Wednesday 10 June 2026**



Please Email [JHower@OVFAAlliance.com](mailto:JHower@OVFAAlliance.com) a copy or picture of the completed and signed registration form.

<p><b>Player 1 (Captain)</b> _____          Address _____          City _____ State _____ ZIP _____          Phone (1) _____          Male / Female Age _____ DOB ____ / ____ / ____          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) _____          Male / Female Age _____ DOB ____ / ____ / ____          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) _____          Male / Female Age _____ DOB ____ / ____ / ____          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) _____          Male / Female Age _____ DOB ____ / ____ / ____          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) _____          Male / Female Age _____ DOB ____ / ____ / ____          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>Team must register and pay online at <u><a href="#">Website address to the registration portal</a></u></b></p> <p>Email completed registration form to <a href="mailto:JHower@OVFAAlliance.com">JHower@OVFAAlliance.com</a> OR bring to check in on the day of the tournament</p>

**Waiver of Liability:** 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 Oregon Valley Football Alliance, and both groups affiliate organizations, event sponsors, event charities and their workers, employees and directors, and 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.

**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 OVFA 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.

**Signature of Coach / Manager:** \_\_\_\_\_  
 By signing, you have read & agreed to the \*Waiver of Liability & Rules