



925 North Lindbergh
 St. Louis, MO 63141
www.loufuszsoccer.com

Check LFSC Website for
Summer Camps
 that begin in June at
 Locations Near You



Year Round Programs

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2016 Spring Outdoor Soccer

Programs 1, 2, 3 meet twice a week and consist of **seven training sessions and six games**. Players are grouped by age: 5 & 6 year olds, 7 & 8 year olds, 9 & 10 year olds and 11 & 12 year olds. Players are separated by gender. Players may register as an individual or with a group. All programs are open to the public.

Program	Practice Dates/Times	Cost	Ages	Location
1	Sunday training sessions from 10:00 - 11:15 AM Dates: April 10, 17, 24, May 1, 8, 15, 22	\$200	5 - 12	Lou Fusz Soccer Complex Fields 7, 8 2155 Creve Coeur Mill Rd St. Louis, MO 63146
2	Monday training sessions from 6:30-7:45PM Dates: April 11, 18, 25, May 2, 9, 16, 23	\$200	5 - 12	Lutheran High School South 9515 Tesson Ferry Rd St Louis, MO 63123
3	Wednesday training sessions from 6:30 - 7:45 PM Dates: April 6, 13, 20, 27, May 4, 11, 18	\$200	5 - 12	Lou Fusz Soccer Complex Fields 7, 8 2155 Creve Coeur Mill Rd St. Louis, MO 63146

* The 6 **GAMES** will be played on **Friday nights** beginning April 15 at the Lou Fusz Soccer Complex.

* Uniforms and game schedules will be handed out at practice.

Programs 4, 5, 6 meet once a week and are for players that are interested in training only. Each program consists of 7 training sessions (no games). Players will be divided by age and gender. Players may register as an individual or as a group. Each participant will receive a t-shirt. All programs are open to the public.

Program	Practice Dates/Times	Cost	Ages	Location
4	Sunday training sessions from 10:00 - 11:15 AM Dates: April 10, 17, 24, May 1, 8, 15, 22	\$100	5 - 12	Lou Fusz Soccer Complex Fields 7, 8 2155 Creve Coeur Mill Rd St. Louis, MO 63146
5	Monday training sessions from 6:30-7:45PM Dates: April 11, 18, 25, May 2, 9, 16, 23	\$100	5 - 12	Lutheran High School South 9515 Tesson Ferry Rd St Louis, MO 63123
6	Wednesday training sessions from 6:30 - 7:45 PM Dates: April 6, 13, 20, 27, May 4, 11, 18	\$100	5 - 12	Lou Fusz Soccer Complex Fields 7, 8 2155 Creve Coeur Mill Rd St. Louis, MO 63146

Bad weather hotline 314-393-1164

Online application available at WWW.LOUFUSZSOCCER.COM
 under "**Camps**" with convenient and secure online
 credit card payment via PayPal, or by check.

The Lou Fusz Soccer Club, a non-profit organization, is independent of and not affiliated with any school district. The views, opinions and programs of the Lou Fusz Soccer Club therefore do not necessarily represent those of any school district.

APPLY ONLINE TODAY AT WWW.LOUFUSZSOCCER.COM

OR USE APPLICATION ON REVERSE SIDE



2016 Spring Outdoor Soccer

PLAYER REGISTRATION FORM

Player's Name					
Date of Birth		Age		Gender	
Street Address					
City, State, ZIP					
Home Phone #			Parent's Email		
Mother's Name			Father's Name		
Mother's Cell #			Father's Cell #		
Program	<input type="checkbox"/> #1 - Sundays (starting April 10)		<input type="checkbox"/> #4 - Sundays (starting April 10)		
	<input type="checkbox"/> #2 - Mondays (starting April 11)		<input type="checkbox"/> #5 - Mondays (starting April 11)		
	<input type="checkbox"/> #3 - Wednesdays (starting April 6)		<input type="checkbox"/> #6 - Wednesdays (starting April 6)		
List Preference of Teammates					

Cost: # 1 - 3 = \$200
4 - 6 = \$100

Or send application and payment to:
Lou Fusz Soccer Club
Attn: Spring Academy 2016
10950 Page Ave
St. Louis, MO 63132

Register online and pay securely via PayPal
www.loufuszsoccer.com

All programs are **open to the public**.

Make checks payable to: **Lou Fusz Soccer Club**

PARTICIPATION WAIVER

I, the undersigned, am the parent or legal guardian of the above-named player, who is under the age of 21 years, and I do hereby consent to the player's participation in the sport of soccer as a player with Lou Fusz Soccer Club Development Academy (hereinafter referred to as LFSC), and such participation includes but is not limited to all practice sessions, scrimmages and games. Additionally, I do hereby release and forever discharge said LFSC from any and all liability whatsoever and from any claim or any action or any claim for relief which may be asserted against said LFSC or against any individual who is a member of said LFSC including players as well as adults, by reason of any injury said player may receive or incur while participating in the sport of soccer and said soccer-related activities as set forth above or in the transportation of said player to or from any game or soccer-related activity. Additionally, I hereby authorize LFSC personnel to seek emergency medical and/or dental treatment for said player by a doctor of medicine or by a doctor of dentistry, so long as they are licensed to practice by any state of the United States, or to seek said treatment by any qualified paramedic or nurse. I agree to pay for said medical and/or dental treatment to the extent that any medical or dental insurance that may cover said player is insufficient. Finally, I represent to LFSC that I have, personal medical health insurance that will provide coverage for said player in case any accident or injury should occur relative to any practice, any game or any soccer-related activity. I further understand that having such medical health insurance is an express condition to said player's participation with LFSC and that the policy is in force and that such policy shall remain in force while said player is a member of any LFSC activity, or said policy shall be substituted for by another policy. I further agree to inform LFSC of any changes to the above facts and information as quickly as possible.

I hereby acknowledge that it is my sole obligation to pay whatever expenses may be incurred relative to medical and/or dental treatment for said player to the extent that said family or personal medical insurance is not sufficient.

I hereby acknowledge that I have read all of the foregoing information and that I understand such information and I hereby acknowledge my consent to said player's participation relative to all foregoing statements, representations and conditions.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____
(required)

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