

## 2008 ST. CHARLES SOCCER FALL APPLICATION

P.O. Box 518

Boutte, LA 70039

WWW.STCHARLESSOCCER.ORG

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Thank you for your interest in the St. Charles Soccer (SCS) program. Soccer in St. Charles Parish is operated by volunteers under the umbrella of the St. Charles Parish Recreation Department. The SCS program consists of four leagues: Recreation League (ages 4-9), Recreation (ages 10-13) League, Metro Rec. (ages 9), and Division 1 (LSA). The Recreation League ages 4 – 9, plays in the Fall only (August - November) while the Recreation (ages 10-13), Metro Rec., & Division 1 also play in the Spring, January -May. Please refer to our website for detailed information about each program. AGE of player is based on the July 31, 2008 cut-off date. The term “U” means under the age shown: i.e. U6 means Under age 6, U10 means under age10, etc.

***It is our main goal to have a team for every player to play on based on his/her talent and ability.***

- 1. RECREATION: Ages 4 – 9 (U5-U10)** This league will be for players ages 4-9. There are no evaluations and teams will be formed based upon age and side of the river they live on. These teams will be co-ed. These teams will play (1) game per week at JB Martin Soccer Fields on Saturdays. U5 and U6 teams will be co-ed. As of this year, St. Charles Soccer has decided to make all teams above U7 gender specific. In order to have enough teams, U7 and U8 girls will be combined into the U8 classification, and the U9 and U10 girls will play under the U10 classification. Boys will continue to play under the U7, U8 and U10 classifications. As of this time this is our “proposed” plan. Season finishes up with a non-seeded tournament. After completion of the In-house U10 Fall season, 9 year old players will be allowed to play in the area-wide Metro League if teams are formed in Spring.
- 2. METRO Recreation League U10 play 9-year old boys & girls:** This is a second option for **9-year olds.** Players who are 8 years old will be highly encouraged to participate in the Recreation U10 program for one season before moving into this league. This is a highly competitive program. Scheduled games are usually on Sundays against other area club teams. The 50% play rule is in affect. Extra team fees may be required.
- 3. LAKE RECREATION (LSA): Ages 10 – 13.** Teams will be formed for Girls and Boys if numbers allow. Teams will play other area teams, one game per week on Saturdays, on a home - away basis. There will be no evaluations and the 50% Play Rule is in affect. At this time, teams will be formed as U12 (ages 10-11) and U14 (ages 12-13). There will be NO Lake Rec for players older than 13. Only D1 teams will be formed.
- 4. DIVISION 1 (LSA): Ages 10 – 18.** This league will be one for the more advanced players where EVALUATIONS may be required and there will be NO 50% Play Rule. Teams will play teams outside of St. Charles. If a player does not make this team, then they will be placed on a team in the RECREATION League, if one is available. Try-outs will be conducted by a staff from outside St. Charles Soccer. The selected team coach may have an input to players making these teams.
- 5. COACHES NEEDED:** Teams can only be formed if we have the appropriate number of coaches. Please complete the Coaches application and submit. Selected coaches will be notified by the appropriate Division Director. **NEW LSA Requirement:** Coaches interested in coaching Recreation (ages 10-13 teams), Metro and Division 1 teams will be required to complete an on-line registration form directly with LSA and will be subject to a criminal background check. Application is posted on the LSA web site ([www.lsa-soccer.org](http://www.lsa-soccer.org)), under the Risk Management menu. We will have a link on our website to this.
- 6.** St. Charles Soccer will now require that all U10 and older coaches have a minimum “E” license to coach. We are in the process of setting up classes for the end of the summer.

Registration for the upcoming Fall 2007 season begins now. **PLEASE COMPLETE THE (2) FORMS BELOW:**

- A. APPLICATION and**
- B. MEDICAL - LIABILITY RELEASE FORMS.**

## IMPORTANT EVENTS & DATES

- REGISTRATION:** Begins now and ends July 31<sup>st</sup> .You can register by completing form and mailing in to the above address or attend one of the two On-Site Registrations. Mail in applications must be postmarked by July 31, 2008. After this date and a \$10.00 LATE FEE will be assessed, no exceptions. **Registering after July 31<sup>st</sup> will not guarantee you a spot on a team. Refunds will be issued if your child cannot be placed on a team.**

<b>WHEN:</b> SATURDAY JULY 12 <sup>th</sup> <b>WHERE:</b> Harry Hurst School Cafeteria, East Bank <b>TIME:</b> 9:30 AM – 1:00 PM	<b>WHEN:</b> SATURDAY JULY 19 <sup>th</sup> <b>WHERE:</b> JB Martin School Cafeteria, West Bank <b>TIME:</b> 9:30 AM – 1:00 PM
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- TRY-OUT DATES:** *For Division 1 only. If the numbers require tryouts they are scheduled for the dates below. You will be notified with a phone call if tryouts are needed. Players wanting to play Division 1 MUST attend. Bring water and soccer equipment.*

Age Group	Dates	Times
U11 - U13 Boys/Girls Ages 10 - 12	August 9, Saturday, JB Martin	9:00 Am – 10:30 AM
U14 - U15 Boys/Girls Ages 13 - 14	August 9, Saturday, JB Martin	10:30 AM – 12:00 PM
	<b>RAIN MAKE-UP ONLY Aug 16<sup>th</sup></b>	

- SUMMER SOCCER CAMPS:**

PLEASE check our website @ [WWW.STCHARLESSOCCER.ORG](http://WWW.STCHARLESSOCCER.ORG) for more information.

- COACHES CERTIFICATION CLASS SCHEDULE:** All prospective coaches are highly encouraged to participate in one of these LSA coaching classes. Please contact **Philip Lyons** @ 504-319-8528, to get signed up, and for more information.

And finally, St. Charles Soccer is an organization which is **Run by Volunteers**. Most of these volunteers have been around for many years and are looking for much help. Please consider lending a hand to help this program continue to grow and CHECK OFF a box on the application form. In order for us to continue to provide the quality of soccer which all of us expect, we would like to have more parents volunteering. If you are concerned about not having a high knowledge of soccer, please do not let that deter you from committing a few hours a week to the program. We can use help in every aspect of our program: coaching, organization, making phone calls, administrative work, field maintenance, etc. There is a place for everyone. Without additional HELP our soccer program will suffer. Please check our website link to LSA and check out the available coaching classes in the area. Upon completion of the course and accepting a coaching position we will reimburse you the cost of the course.

***The St. Charles Soccer Club Board of Directors, 2008-2009***

***Please step up and lend YOUR soccer program a hand and VOLUNTEER to Help. We can use help to Coach, maintenance stuff, and organization.***

# St. Charles Soccer Application Form – FALL 2008

CHECK Appropriate Box

<b>LEAGUE USE</b>		<b>Age</b>	<b>U -</b>
<input type="checkbox"/>	NEW	Group	
<input type="checkbox"/>	RETURNING		
<input type="checkbox"/>	CHANGE/ CORRECTION		<b>Program</b> _____

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- A RECREATION Program Ages 4- 9 (U5-U10) -----\$40** →   
Fall season only, Uniform included.
- B LAKE RECREATION Program Ages 10-13 (U11-U14) ---- \$80** →   
Fall & Spring Seasons – Uniform included: Girls & Boys Teams
- C METRO (Recreation) Program Ages 8- 9 (U10) --- \$80** →   
Fall & Spring Seasons – Uniform included & other team fees: Girls & Boys
- D DIVISION 1 Program Ages 10-18 (U11-U19) ----- \$80** →   
Fall & Spring, with additional uniform and other team fees.



**P.O Box 518  
 Boute, LA 70039**

Affiliated with  
**Louisiana Soccer Association &  
 U.S. Youth Soccer Association**

**+++++ PLEASE PRINT FIRMLY AND LEGIBLY +++++**

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Phone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age as of \_\_\_\_\_  
 (Birth Date) July 31, 2008

Male = M \_\_\_\_\_  
 Female = F \_\_\_\_\_

Number prior Seasons played \_\_\_\_\_ Last Year Team \_\_\_\_\_ Last Year League \_\_\_\_\_ Date of Last Season 20 \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

Father's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family E-Mail: for league communication only will not release to outside groups: \_\_\_\_\_

Person (s) to notify in emergency: \_\_\_\_\_ Telephone \_\_\_\_\_

**++++ PLEASE READ THE FOLLOWING +++++**

- Please read program descriptions to select correct one.
- COMPLETE Medical & Parish Liability Forms (Page 4). Submit pages 3 & 4, Application and Consent Forms.**
- Family Fees:** Full price 1<sup>st</sup> and 2<sup>nd</sup> child, 3<sup>rd</sup> child is half price, 4<sup>th</sup> child free. Discounts apply to lowest fee only.
- FIELD IMPROVEMENT & SCHOLARSHIP DONATION:** Each and every year SCS pays for the hauling and spreading of dirt and seeding the fields each Fall and Summer. We also provide assistance to those who want to play soccer, but are having financial difficulties. If you can, please add an additional \$5.00 or more to you registration fee to help these programs out. ADD \$ \_\_\_\_\_
- New Players to Rec or D1, and ALL Metro must submit copy of Birth Certificate.
- Completed application, with payment, must be mailed to address at top and **postmarked by July 31, 2008.** On-site registration, Saturday July 12 @ Harry Hurst Cafeteria, and Saturday July 19 @ JB Martin Cafeteria. A \$10 late fee will be assessed on any application received after July 31st, no exceptions. You may request deferred payment or seek financial assistance by a written request only with your application. Applications received after team formation will not guarantee a spot on a team.
- St. Charles Soccer information can be found @ [WWW.STCHARLESSOCCER.ORG](http://WWW.STCHARLESSOCCER.ORG)

## PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check areas in which you would be willing to help.

**Please complete Volunteer Form**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Coach             | <input type="checkbox"/> Committee    |
| <input type="checkbox"/> Asst. Coach       | <input type="checkbox"/> Referee      |
| <input type="checkbox"/> Team Manager      | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Special Projects  | <input type="checkbox"/> Concessions  |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Sponsor      |
| <input type="checkbox"/> Board Member      | <input type="checkbox"/> OTHER _____  |

**League Use** Rec'd By \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Late Fee \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash

DATE \_\_\_\_\_

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**2008 – 09 MEDICAL CONSENT AND LIABILITY FORMS**

**Both #3 AND #4 must be signed in order to participate.**

**3. Medical Consent Parent(s) or Legal Guardian(s) Names (Please print ):**

FATHER or Guardian: \_\_\_\_\_

MOTHER or Guardian: \_\_\_\_\_

As a Parent or Legal Guardian, I (we) assume full responsibility for all injuries sustained by my child while participating in this organized sport. I (we) further agree to hold harmless all St. Charles Soccer Board Members, Coaches, Referees, Louisiana Soccer Association (LSA), and Parents for any and all injuries. As guardian or parent of the above named player, I hereby give my consent for medical care prescribed by a duly licensed Doctor of Medicine, Doctor of Dentistry, or EMT. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

**Parent or Legal Guardian Signature and Date of Signature**

Date: \_\_\_\_\_

**4. St. Charles Parish Liability Waiver A new requirement from St. Charles Parish**

To Whom It May Concern:

I/We grant permission for my/our son/daughter to participate in the sports program of your Booster Club and the St. Charles Parish Parks and Recreation Department. He/She is in good health and has no physical defects that strenuous physical exercise would affect. (Note: A notice from a physician should accompany this form if there is any limitation.)

I/We agree to release the (ST.CHARLES SOCCER LEAGUE) and the St. Charles Parish Council, St. Charles Parish Parks and Recreation Department, the Director, Coaches, and Sponsors for any injuries, disabilities, death, loss or damage to person or property including accidents which he/she may incur while participating in practice sessions, games, or while traveling to and from any games and activities, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I/We do further agree to return all uniforms and equipment issued to my/our son/daughter upon request of his/her sponsor or coach. I/We understand that no one in our family will be able to participate in any St. Charles Parish Parks and Recreation Department Sports Program until the equipment is returned or paid for in full.

I/We also certify that the information concerning my/our son/daughters birth date is correct. I/We understand that any false information may result in my/our son/ daughter being suspended from participating in the St. Charles Parish Parks and Recreation Program for a period of not less than two years.

NOTE: Each child is required to have a copy of his/her birth certificate on file with the Recreation Department.

At least one parent or guardian signature is required.

Parent/Guardian \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_