



CATHOLIC YOUTH FUTSAL LEAGUE – 2023-2024 - GENERAL OVERVIEW

The Catholic Youth Futsal League and Academy was created in 2003 to provide children who attend the Diocese' Schools with a means to get together on Saturdays and play FUTSAL/INDOOR SOCCER in a safe and recreational environment.

Thousands of children have participated at the CATHOLIC YOUTH FUTSAL LEAGUE and ACADEMY during the past 19 years or so and have made new friends whilst developing their skills and having fun. The CYFL is designed to accommodate children from 3 to 14 years old who attend the Diocese' Schools. The CYFL and ACADEMY is comprised of volunteers, coordinators, coaches, directors, and principals. **IT IS ESSENTIAL THAT EVERY SCHOOL PROVIDES A COORDINATOR AND COACHES SO CHILDREN CAN PLAY!**

The CYFL is comprised of 11 meetings on Saturdays at Durfee High School from 3:30pm to 8:30pm.

PRE-K ACADEMY - 3 AND 4 YEARS OLD

Every Saturday from 3:30pm - 4:20pm children learn from qualified CYFL coaches the introductory skills to become proficient in Futsal/Soccer. The activities are designed in a " cognitive " and fun environment.

K - ACADEMY DIVISION - 5 AND 6 YEARS OLD

Every Saturday from 3:30pm - 5:10pm children and school coaches will learn for 3 weeks how to play Futsal/Soccer. From the 4th week to the 11th week children will play in a festival like league. Game times are 3:30pm or 4:20pm with a duration of 50 minutes.

CYFL – COMPETITIVE LEAGUE STRUCTURE

Each school will form teams according to GRADE GROUP AS FOLLOWS:

1. GRADES 1 AND 2
2. GRADES 3 AND 4
3. GRADES 5 AND 6
4. GRADES 7 AND 8

Every Saturday from 4:20 - 8:30pm a particular GRADE GROUP will compete in a league format against other schools of the same GRADE. Game times are 4:20pm; 5:10pm; 6:00pm; and so on. During the last week of the season a PLAY-OFF will take place where each GRADE GROUP will compete for a championship trophy. EACH SCHOOL COORDINATOR/PRINCIPAL will assign coaches to practice with their corresponding GRADE GROUP during the week at their own discretion. Most teams practice at their own school gym. Some coaches rent school gyms for practices.



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1. **IMPORTANT LEAGUE DATES: LAST DAY TO REGISTER /TURN IN PAPERWORK – NOVEMBER 1, 2023**
2. LEAGUE DATES:
 - TRAINING NOVEMBER 11,18
DECEMBER 9 (ROSTER FREEZES)
 - GAMES DECEMBER 16; JANUARY – 2024 – JANUARY 13,20,27
FEBRUARY – 3,10,17
 - PLAY-OFFS MARCH 2– SNOW DATES – MARCH 9,16.
3. BANQUET DATES WHITE’S OF WESTPORT – WORKING ON A DATE
MEDALS TO ALL PLAYERS
TROPHIES TO THE BEST REFEREE, COACH, COORDINATOR, FAIR PLAY
GRADE GROUP WINNER TROPHIES TO BE PRESENTED AT PLAY-OFFS
4. AGE GROUPING/FORMAT
5. PRE-K ACADEMY – 3 AND 4 YEARS OLD - COGNITIVE TRAINING AMONGST THEMSELVES – SMALL SIDED GAMES
6. K – ACADEMY - 5 AND 6 YEARS OLD - TRAINING AND ORGANIZED GAMES – GOALKEEPER INTRODUCED
- JAMBOREE FESTIVAL DURING PLAY-OFFS
7. COMPETITIVE LEAGUE – GRADES 1,2; GRADES 3,4; GRADES 5,6; GRADES 7,8
8. 3 WEEKS OF SCRIMAGES AND 8 WEEKS OF LEAGUE GAMES INCLUDING PLAY-OFFS
9. COST: \$100 PER CHILD - \$165 PER FAMILY. CHECKS MADE TO NEW ENGLAND SPORTS PROMOTION

LEAGUE RULES REGARDING ROSTER, OUTSIDE PLAYERS, BEHAVIOR

1. **50% PLAYING RULE APPLIED TO ALL GAMES- INCLUDING PLAY -OFFS – NO EXCEPTONS! NO DOUBLE ROSTERING!**
2. ROSTER SIZE SHOULD BE BETWEEN 8 AND 10 PLAYERS. DIRECTORS DISCRETION APPLIES.
3. TWO TEAMS FROM THE SAME GRADE AGE/SCHOOL – TEAMS SHOULD BE OF EQUAL ABILITY
4. OUTSIDE PLAYERS: THE CYFLA LEAGUE IS DESIGNED SPECIFICALLY FOR CHILDREN ENROLLED AT THE IOCESE' SCHOOLS. IF AN OUTSIDE PLAYER REQUESTS TO PARTICIPATE AT THE CYFLA LEAGUE, THE FOLLOWING REQUIREMENTS MUST BE MET:
 - LETTER FROM THE PARISH THE CHILD IN QUESTION ATTENDS SAID CHURCH
 - LEAGUE DIRECTORS WILL DECIDE UPON REQUEST FROM SCHOOL/COACH WHICH SCHOOL THE PLAYER IN QUESTION SHOULD BE ASSIGNED TO PLAY FOR.
 - DIRECTOR'S DECISION IS FINAL.**
5. PLAYERS WILL BE PROVIDED A GAME T-SHIRT LIKE IN THE PREVIOUS YEARS.
6. SPONSORS - NAME OF COMPANY ON THE BACK OF THE T-SHIRT - \$250 PER TEAM - \$750 TO SPONSOR ONE SCHOOL - \$1250 TO SPONSOR ALL SCHOOLS. IF INTERESTED, PLEASE E-MAIL COACH BILL AT BILLSAMPAIOFUTSAL@GMAIL.COM

"THE GAME IS FOR THE CHILDREN TO ENJOY"

ZERO TOLERANCE RULES APPLY.

**COACHES SHOULD BEHAVE AS RESPONSIBLE ADULTS AND LEAD THEIR CHILDREN BY EXAMPLE.
DO NOT ADDRESS THE REFEREE WITH CALLS MADE DURING THE GAME, EVER.
ANY ISSUES SHOULD BE ADDRESSED TO THE SITE COORDINATOR, 24 HOURS AFTER THE FACT.**

NEW ENGLAND FUTSAL

YOUTH PLAYER REGISTRATION

CURRENT USYSA/AYSO REGISTRATION # _____ NONE

(please print firmly and legibly to make clear multiple copies)

1 LAST NAME _____ FIRST NAME _____ MI _____ SEX _____
 ADDRESS _____ CITY _____
 STATE _____ ZIP CODE _____ TELEPHONE _____ BIRTHDATE _____

FATHER'S NAME _____ CELL PHONE _____
 MOTHER'S NAME _____ CELL PHONE _____
 FATHER'S EMAIL _____ MOTHER'S EMAIL _____

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS PLAYER HAS _____

2 DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE _____

PERSON TO NOTIFY IN EMERGENCY _____ PHONE _____

SHIRT SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L SHORTS SIZE (CHECK ONE) YOUTH S M L ADULT XS S M L

FUTSAL (INDOOR SOCCER) EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

OUTDOOR SOCCER EXPERIENCE: YES ___ NO ___ NUMBER OF SEASONS PLAYED _____

WE ASK FOR ACTIVE PARTICIPATION FROM ALL PARENTS. CHECK AREAS IN WHICH YOU WOULD BE WILLING TO HELP

(COACH) (ASS'T COACH) (BOARD MEMBER) (REFEREE) (PUBLICITY) (TEAM PARENT)
 (FUND RAISING) (TELEPHONE) (EQUIPMENT) (SCOREKEEPER) (OTHER) _____

check off Out-Side Registration profession **All-Side Team assignment**

3 CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent

Signature of Parent or Legal Guardian _____

Address _____

City _____ Zip _____

4 I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NEFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the NEFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the NEFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize

Name _____ Parent/Legal Guardian (please print)

Signature _____ Date _____

OFFICIAL USE

BIRTH DATE VERIFIED YES ___ NO ___

REGISTRATION FEE \$ _____

COMMENT _____

AMOUNT PAID \$ _____

VERIFIED BY _____

CASH ___ CHECK # _____

USFF 899

LEAGUE COPY

U.S. FUTSAL COPY

COACH COPY



"LIFE SKILLS THROUGH EDUCATION AND SPORTS"

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in soccer/futsal practices and games (hereinafter the "Activity"); and
IN CONSIDERATION OF my desire to participate in said "Activity" and being given the right to participate in the same;

I HEREBY, for myself, my heirs, my executors, administrators, assignors, predecessors, successors or personal representatives (hereinafter collectively "Releasor", "I" or "me" which terms shall also include Releasor's parents or guardians (if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights claims or causes of action of any kind arising out of my participation in the "Activity"; and

I HEREBY release and forever discharge New England Futsal, New England Sports Promotion, Catholic Youth Futsal League, their affiliates, board members, directors, managers, staff, attorneys, agents, volunteers, executors, administrators, predecessors, successors, assignors, or representatives (hereinafter collectively "Releasees") from any injuries or outcome(s) that I may suffer as a direct result of my participation in the aforementioned "Activity".

I HEREBY AFFIRM THAT I am voluntarily and at my own risk participating in the aforementioned "Activity" and I am aware of the risks associated while participating which may include but are not limited to injury, pain, suffering, illness, disfigurement, temporary or permanent disability, (including paralysis) economic or emotional loss, and death. I understand that these injuries or outcome(s) may arise from my own or other's negligence, conditions related to travel to and from the "Activity" or from condition(s) at any of the locations where the "Activity" takes place. Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this "Activity".

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions, of any kind whatsoever for liability, damages, compensation, or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs. I further acknowledge that the Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of the Releasee. In the event that I should require any medical care or treatment, I authorize the Releasees to provide all the emergency medical care deemed necessary. I further agree to be financially responsible for all costs incurred as a result of such treatment. I also agree that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of me or my family's willful actions such as neglect, negligence, or recklessness, I agree to be financially responsible for all costs incurred as a result of such actions.

This WAIVER AND RELEASE OF LIABILITY supersedes any and all previous oral or written promises or agreements and shall remain in effect for the duration of the Releasor's participation in the "Activity", during this initial and all subsequent events or participations. In the event that any provision contained within this WAIVER AND RELEASE OF LIABILITY shall be deemed severable, invalid, unenforceable or unlawful the remainder of this agreement shall remain in full effect.

I HEREBY acknowledge I have carefully read and understand all the above statements and I agree to all its terms.

Activity's participant name: _____

Parent Guardian name: _____

Relationship to minor: _____

Activity's participant/parent/guardian signature: _____

Date: _____