



Espirito Santo Parochial School

143 Everett Street, Fall River, MA 02723 Rev. Maurice O. Gauvin, Pastor
Tel: (508) 672-2229 Fax: (508) 672-7724 Mr. Andrew J. Raposo, Principal
www.espiritosantoschool.org www.facebook.com/EspiritoSantoSchool

CYFL League – 2018-2019

Dear Parents,

Attached is the information for the upcoming CYFL (Futsal) League for the 2018-2019 season. If you are interested, please review the following information. The contact for the league is still Coach Bill Sampaio, via email at sampa3@comcast.net. If there are any issues or concerns, feel free to contact me at the school office.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew J. Raposo". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Mr. Andrew J. Raposo

Principal



CATHOLIC YOUTH FUTSAL LEAGUE – 2018 – 2019 SCHEDULE AND GENERAL OVERVIEW

1. IMPORTANT LEAGUE DATES: **LAST DAY TO REGISTER /TURN IN PAPERWORK – OCTOBER 24 ,2018**
2. LEAGUE DATES:
 - TRAINING NOVEMBER 17
 - DECEMBER 8,15 – ROSTER FREEZES
 - GAMES JANUARY – 2019 - 5,12,19,26
 - FEBRUARY 2,9,16
 - PLAY-OFFS MARCH 2,9 – Snow Dates.
3. BANQUET DATES WHITE'S OF WESTPORT – WORKING ON A DATE
MEDALS TO ALL PLAYERS
TROPHIES TO THE BEST REFEREE, COACH, COORDINATOR, FAIR PLAY
DIVISION WINNERS TROPHIES TO BE PRESENTED AT PLAY-OFFS
4. AGE GROUPING/FORMAT
5. ACADEMY – 3 AND 4 YEARS OLD - COGNITIVE TRAINING AMONGST THEMSELVES – SMALL SIDED GAMES
6. UNDER 6 – 5 AND 6 YEARS OLD - TRAINING AND ORGANIZED GAMES – GOALKEEPER INTRODUCED
- JAMBOREE FESTIVAL DURING PLAY-OFFS
7. UNDER 8,10,12, AND 14 - 3 WEEKS OF SCRIMAGED; 8 WEEKS OF LEAGUE GAMES INCLUDING PLAY-OFFS

LEAGUE RULES REGARDING ROSTER, OUTSIDE PLAYERS, BEHAVIOR

1. 50% PLAYING RULE APPLIED TO ALL GAMES- INCLUDING PLAY -OFFS – NO EXCEPITONS!
2. ROSTER SIZE SHOULD BE BETWEEN 8 AND 10 PLAYERS. DIRECTORS DISCRETION APPLIES.
3. TWO TEAMS FROM THE SAME AGE GROUP/SCHOOL – TEAMS SHOULD BE OF EQUAL ABILITY
4. OUTSIDE PLAYERS ARE WELCOME TO PARTICIPATE ON OUR CYFL LEAGUE IF REQUIREMENTS
ARE MET: LETTER FROM PARISH
LEAGUE DIRECTORS WILL DECIDE UPON REQUEST FROM SCHOOL/COACH WHICH SCHOOL THIS PLAYER WILL
PLAY. DIRECTORS DECISION ARE FINAL. NO EXCEPTIONS.
5. PLAYERS WILL BE PROVIDED A GAME T-SHIRT LIKE IN THE PREVIOUS YEARS.
6. SPONSORS - \$250 PER TEAM - \$750 TO SPONSOR ONE SCHOOL - \$1250 TO SPONSOR ALL SCHOOLS.

“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 SITE COORDINATOR, ONE HOUR AFTER THE FACT.
ALL REFEREES, DIRECTORS, COORDINATORS, COACHES, PLAYERS, AND SPECTATORS SHOULD BE RESPECTFUL TO
EACH OTHER AT ALL TIMES.



UNITED STATES FUTSAL FEDERATION



STATE _____ LEAGUE _____ TEAM _____

APPLICATION DATE _____

PLAYER REGISTRATION # _____

YOUTH PLAYER REGISTRATION

CURRENT USYSA/AYSO
REGISTRATION # _____ NONE _____

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

LAST NAME _____ FIRST NAME _____ MI _____ SEX _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ TELEPHONE _____ BIRTHDATE _____
month day year

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

FATHER'S EMAIL _____ MOTHER'S EMAIL _____

LIST ANY MEDICAL PROBLEMS
OR PROHIBITIONS PLAYER HAS _____

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 if U14 Girl Registration preferring "All Girls" Team Assignment.

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

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and/or indemnify the USFF, 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

Signature of Parent or Legal Guardian

Address _____

City _____ Zip _____

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 9/98

LEAGUE COPY

U.S. FUTSAL COPY

COACH COPY

AYSO Membership Year 2018 Birth Year Registration Chart

Playground	Schoolyard	6U	8U	10U
Age 3	Age 4	Age 5	Ages 6 & 7	Ages 8 & 9
Born in: 2015	Born in: 2014	Born in: 2013	Born in: 2011 & 2012	Born in: 2009 & 2010

12U	14U	16U	19U
Ages 10 & 11	Age 12 & 13	Ages 14 & 15	Ages 16, 17 & 18
Born in: 2007 & 2008	Born in: 2005 & 2006	Born in: 2003 & 2004	Born in: 2000, 2001 & 2002

