



## **CATHOLIC YOUTH FUTSAL LEAGUE – 2021-2022 - GENERAL OVERVIEW**

The Catholic Youth Futsal League and Academy was created in 2003 to provide children who attend the Diocese of Fall River 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 17 years and have made new friends whilst developing their skills and having fun. The CYFLA is designed to accommodate children from 3 to 14 years old who attend the Diocese of Fall River 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 CYFLA 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 CYFLA 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 tournament like league.

### **CYFLA – COMPETITIVE LEAGUE STRUCTURE - NEW 2021**

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 on the same GRADE GROUP. 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 in Fall River for practices.



## CATHOLIC YOUTH FUTSAL LEAGUE – 2021-2022 GENERAL OVERVIEW

- 1. IMPORTANT LEAGUE DATES: LAST DAY TO REGISTER /TURN IN PAPERWORK – NOVEMBER 1 ,2021**
- LEAGUE DATES:
  - TRAINING NOVEMBER 20,27  
**DECEMBER 11 (ROSTER FREEZES)**
  - GAMES DECEMBER 18; JANUARY – 2022 – 8,22,29  
FEBRUARY – 5,12,26
  - PLAY-OFFS MARCH 5 – SNOW DATE - MARCH 12.
- 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
- AGE GROUPING/FORMAT
- PRE-K ACADEMY – 3 AND 4 YEARS OLD - COGNITIVE TRAINING AMONGST THEMSELVES – SMALL SIDED GAMES
- K – ACADEMY - 5 AND 6 YEARS OLD - TRAINING AND ORGANIZED GAMES – GOALKEEPER INTRODUCED  
- JAMBOREE FESTIVAL DURING PLAY-OFFS
- COMPETITIVE LEAGUE – GRADES 1,2; GRADES 3,4; GRADES 5,6; GRADES 7,8
- 3 WEEKS OF SCRIMAGE AND 8 WEEKS OF LEAGUE GAMES INCLUDING PLAY-OFFS
- 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!**
- ROSTER SIZE SHOULD BE BETWEEN 8 AND 10 PLAYERS. DIRECTORS DISCRETION APPLIES.
- TWO TEAMS FROM THE SAME GRADE AGE/SCHOOL – TEAMS SHOULD BE OF EQUAL ABILITY
- OUTSIDE PLAYERS: THE CYFLA LEAGUE IS DESIGNED SPECIFICALLY FOR CHILDREN ENROLLED AT THE CYFLA 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
  - 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.**
- PLAYERS WILL BE PROVIDED A GAME T-SHIRT LIKE IN THE PREVIOUS YEARS.
- 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 [SAMPA3@COMCAST.NET](mailto:SAMPA3@COMCAST.NET)

**“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.**

# NEW ENGLAND FUTSAL

## 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

Signature of Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_  
Parent/Legal Guardian (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL USE

BIRTH DATE VERIFIED YES \_\_\_ NO \_\_\_

COMMENT \_\_\_\_\_

\_\_\_\_\_ VERIFIED BY \_\_\_\_\_

REGISTRATION FEE \$ \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

CASH \_\_\_ CHECK # \_\_\_\_\_

USFF 0/96

LEAGUE COPY

U.S. FUTSAL COPY

COACH COPY