



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

Marty Pike, Program Director
 OFFICE 314-628-9341
 FAX 314-835-5124
 CELL 314-393-1164
 martypike@loufuszsoccer.com

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

• • • • •
 Year Round Programs

2014 Spring Outdoor Soccer Program

Program Director: Marty Pike

Founded in 1993, the Lou Fusz Soccer Club is widely regarded as one of the top soccer programs in the Midwest.

We offer **THREE** separate programs to choose from. Each program consists of seven training sessions and six games. Players are grouped as follows: 5 & 6 year olds, 7 & 8 year olds, 9 & 10 year olds. Players are separated by gender, except at the 5 & 6 year-old level. Players may register as individuals or with a group.

Programs 1 & 3 will train at the Lou Fusz Soccer Complex in West County. Program 2 will train at Lutheran High School South. Games will be played at the Lou Fusz Soccer Complex on Friday nights. Uniforms and game schedules will be handed out at practice.

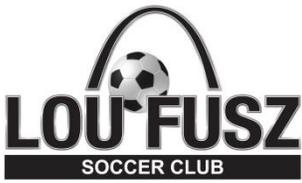
Program	Session Dates/Times	Cost	Ages	Location
1	Sunday training sessions from 10:00 - 11:15 AM Dates: April 6, 13, 19 (Saturday), May 4, 11, 18, 25	\$200	5 - 10	Lou Fusz Soccer Complex 2155 Creve Coeur Mill Rd St. Louis, MO 63146
2	Monday training sessions from 6:30-7:45PM Dates: April 7, 14, 21, 28, May 5, 12, 19	\$200	5 - 10	Lutheran High School South 9515 Tesson Ferry Rd St Louis, MO 63123
3	Wednesday training sessions from 6:30 - 7:45 PM Dates: April 9, 16, 23, 30, May 7, 14, 21	\$200	5 - 10	Lou Fusz Soccer Complex 2155 Creve Coeur Mill Rd St. Louis, MO 63146

- * The 6 **GAMES** will be played on Friday nights beginning April 18th at the Lou Fusz Soccer Complex.
- * Uniforms and game schedules will be handed out at practice.
- * Cost: \$200 per player

Online application available at WWW.LOUFUSZSOCCER.COM
 under "**Academy & 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



2014 Spring Outdoor Soccer Program

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	#1 <input type="checkbox"/> Sundays April 6, 13, 19 Sat., May 4, 11, 18, 25	#2 <input type="checkbox"/> Mondays April 7, 14, 21, 28, May 5, 12, 19		#3 <input type="checkbox"/> Wednesdays April 9, 16, 23, 30, May 7, 14, 21	
List Preference of Teammates					

Register online and pay securely via PayPal, see our website.

- * **Cost: \$200 per player**
- * **Group discounts available!**

Or send application and payment to:
 Lou Fusz Soccer Club
 Attn: Spring Academy 2014
 925 North Lindbergh
 St. Louis, MO 63141

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) _____