



Check Website For Winter

Convenient Locations in the Entire Metropolitan Region

Camps that Begin in December at

Locations Near You

.....

Check out our New Artificial Turf Fields

925 North Lindbergh
St. Louis, MO 63141

www.loufuszsoccer.com

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FALL 2011 Outdoor Soccer Program

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

Programs 4, 5, 6 meet **one day per week** and are for players that are already on a team and/or looking for additional training.

- Each program consists of 7 training sessions.
- Players will be divided by ages and possibly gender.
- Each participant will receive a t-shirt.
- Players may register as an individual or as a group.

Program	Session Dates/Times	Cost	Age/Gender	Location
4	Sunday training sessions from 10:00 - 11:15 AM Dates: September 11, 18, 25, October 2, 9, 16, 23	\$100	Boys & Girls 5 - 14	Lou Fusz Soccer Complex 2155 Creve Coeur Mill Rd St. Louis, MO 63146
5	Wednesday training sessions from 6:30 - 7:45 PM Dates: September 7, 14, 21, 28 October 5,12, 19	\$100	Boys & Girls 5 - 14	Lou Fusz Soccer Complex 2155 Creve Coeur Mill Rd St. Louis, MO 63146
6	Monday training sessions from 6:30 - 7:45 PM Dates: September 12, 19, 26 October 3, 10, 17, 24	\$100	Boys & Girls 5 - 14	Lutheran High School South 9515 Tesson Ferry Rd St Louis, MO 63123

Online application available at WWW.LOUFUSZSOCCER.COM with convenient and secure online credit card payment via PayPal, or by check. Or use application on reverse side.

Scan the block to the right with your smart phone for more information →



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.

www.loufuszsoccer.com



2011 Fall 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 #		
Programs	<input type="checkbox"/> #4 – Sundays (starting September 11) <input type="checkbox"/> #5 – Wednesdays (starting September 7) <input type="checkbox"/> #6 – Mondays (starting September 12)				
List Preference of Teammates					

Please make checks payable to:
Lou Fusz Soccer Club

Send application and payment to: Lou Fusz Soccer Club
Attn: Fall Camps 2011
925 North Lindbergh
St. Louis, MO 63141

- Cost: #4-6 = \$100
- Group discounts available!

...or pay securely online via PayPal, see website for details

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)