

# 2012 Spring Soccer Season



## Juniors



Micro Soccer Program Professionally Run For 3–7 year olds.

### Our Youth Program

The **BFC JUNIORS—Development Program for the Junior Player** is designed to give your child the opportunity to build a solid foundation in technical development in the very early years of playing and enjoying the game of soccer. BFC Juniors is under the guidance of USSF Nationally licensed Director, Chris Cesa. He has been a player, coach and trainer for 20 years and distinguished himself as an enthusiastic and leading youth soccer coach! **BFC JUNIORS** program serves as an introductory and advanced path for 3–7 aged soccer players. This design facilitates developmental progression recommended by the United States Soccer Federation as well as the US Youth Soccer Association. The uniqueness of our program is that we have devised an **In-House, non-travel program** professionally coached and organized for ages 3, 4, 5, 6 & 7 year olds. We are committed to providing a fun, educational, and progressive experience for your youth soccer players. Not only are we committed to our youth players, but we also have a wonderful comprehensive coaching education curriculum and mentorship program specifically for BFC Juniors volunteer coaches. Come out and experience what no other club in the Southern Illinois area offers!

Friday  
Evening  
Matches !!

**Spring Season: March 23, 2012—May 25, 2012**

**Location: BFC Sports Complex**

**Cost: \$100**

The vision for the BFC Juniors program will be to have the following age groups where they would be gender specific (except in the U4 age group), have separate training sessions and matches alike:

U4 (Coed)  
U5 (Girl Bracket and Boy Bracket\*)  
U6 (Girl Bracket and Boy Bracket\*)  
U7 (Girl Bracket and Boy Bracket\*)  
{U8 Continuation from Fall 2011}  
\*If number of Registration allows

Professional  
Training  
during the  
Week !!

Teams can be created with a mix of genders upon request, but the vision of the Juniors program is to have the separation. If there is a mixed team then that team would be placed in the Boy bracket of that age group. In addition to the Team Training Sessions, there will be BFC staff led Training Session, Specialty Camps, and Clinics offered.

### Spring Highlights:

- Small-Sided Format: U4 (3v3) U5 (3v3) U6 (5v5 + Goalie) U7 (5v5 + Goalie)
- Professional program to take your player to the next level.
- Volunteer Coaches
  - \* Mentored by BFC Juniors Director
  - \* YM1 and YM3 IYSA Course
  - \* BFC Juniors Core Curriculum and Resources
- League Matches
- Team/Individual Training Sessions
- BFC Juniors Uniform Shirt
- Referee Fees
- Fundamental Skills and Development + FUN!

**BFC Juniors—Spring'12**  
2346 Mascoutah Avenue  
Belleville, IL 62220  
[chris.cesa@bfcsooccer.org](mailto:chris.cesa@bfcsooccer.org)  
618.779.1347  
\*Checks Payable to BFC SC\*

### Registration Dates:

- Jan 16—Mar 15, 2012  
Late Registration begins Mar 16th  
[www.bfcsooccer.org](http://www.bfcsooccer.org)  
BFC Clubhouse— Walk In:
  - Mon-Fri: 11-4pm





## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**