



Year Round Programs

Additional Sessions Begin in February

Locations: South County, Webster Groves, University City, West County, St. Charles County and Southern Illinois (Columbia)

925 North Lindbergh • St. Louis, MO 63141

(314) 628-9341 • FAX (314) 628-9379 • CELL (314) 393-1164

Lou Fusz Soccer Academy - Winter 2010 /2011

Founded in 1992, The Lou Fusz Soccer Club is widely recognized as one of the top soccer programs in the Midwest. The club's success speaks for itself as it captured three state championships in 2010. The Lou Fusz Soccer Academy winter programs will consist of 8 one hour training sessions. We have sessions for 5 – 10 year old players (players sub-divided by age) and additional sessions for players ages 11-14. Each session emphasizes proper technique to improve the individual's ball skills. Players that practice on their own what is taught will improve their skill level and confidence. The skills being taught are appropriate for all levels of ability. The programs serve as supplemental training for some and a stepping stone to club soccer for others.

Current Staff: The director of the program is Marty Pike. Marty has a USYSA National Youth License and a USSF National D license. He also has over twenty years of coaching experience. He has assembled an excellent and experienced staff that has the ability to teach and have fun simultaneously.

Available Programs: 1 training session per week for 8 weeks. Programs run December through January

- Program #1 - South County (Vetta Concord) Boys Ages 5-10 Mondays 4:30-5:25 p.m. (Starts 11/29/10)
Program #2 - South County (Vetta Concord) Girls Ages 5-10 Weds. 4:30-5:25 p.m. (Starts 12/01/10)
Program #3 - West County (Vetta Manchester) Boys Ages 5-10 Weds. 4:25-5:20 p.m. (Starts 12/01/10)
Program #4 - West County (Vetta Manchester) Girls Ages 5-10 Weds. 5:20-6:15 p.m. (Starts 12/01/10)
Program #5 - West County (Vetta Manchester) Boys & Girls Ages 5-10 Thurs. 4:25-5:20 pm (Starts 12/02/10)
Program #6 - West County (Vetta Manchester) Boys & Girls Ages 11-14 Thurs.5:20-6:15 pm (Starts 12/02/10)
Program #7 - Webster Groves (Soccerdome) Boys and Girls Ages 5-10 Fri. 5:00-6:00 pm (Starts 12/03/10)
Program #8 - University City (Centennial Commons) Boys and Girls Ages 5-10 Mondays 5:30-6:30 pm (Starts 11/29/10)
Program #9 - University City (Cent. Commons) Boys & Girls Ages 11-14 Weds 6:30-7:30 pm (Starts 12/1/10)
Program #10 - University City (Cent. Commons) Boys Ages 5-10 Fridays 4:30-5:30 pm (Starts 12/03/10)
Program #11 - Southern Illinois (Powerhaus) Boys & Girls Ages 5-10 Tuesdays 6:00-7:00 pm (Starts 11/30/10)
Program #12 - Southern Illinois (Powerhaus)Boys & Girls Ages 11-14 Tuesdays 7:00-8:00 pm (Starts 11/30/10)
Program #13 - St. Charles County (Vetta St. Charles) Boys Ages 5-10 Thursdays 4:30-5:25 pm (Starts 12/2/10)
Program #14 - St. Charles County (Vetts St. Charles) Girls Ages 5-10 Thursdays 4:30-5:25 pm (Starts 12/2/10)
Program #15 - St. Charles County (Vetta St. Charles) Boys Ages 11-14 Thursdays 4:30-5:25 pm (Starts 12/2/10)
Program #16 - St. Charles County(Vetta St. Charles) Girls Ages 11-14 Thursdays 4:30-5:25 pm (Starts 12/2/10)

Cost: \$125 (Includes a T-shirt)

Enrollment is Limited

For more Information call (314) 393-1164

or visit our website @

www.loufuzsoccer.com

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.

Make Checks Payable to: Lou Fusz Soccer Club, Attn: Linda McDonald

Mailing Address: 925 North Lindbergh, St. Louis, MO 63141

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Circle Desired Program 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.

Name: _____

Address: _____

City, State, Zip: _____

Email: _____ School: _____

Phone: (H) _____ (W) _____ (Cell): _____

Male _____ Female _____ Birthdate: _____ Age _____

Signature of Parent or Guardian required on reverse side.

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: _____