



## **Saint Joseph's Saints Soccer**

April 2017

To: St. Joseph Parish Soccer Players and Parents

From: Jason Haynes, Soccer Coordinator

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It is that time of year again. Registration for the St. Joseph Saints Soccer Program has begun. **Our soccer program is for any child in grades 1 through 8 registered and active in St. Joseph School or Church. This is the only athletic program through St. Joseph's that does not require the player to attend St. Joseph's School.**

This past season, was another very successful one for our program. All of the kids had a great time, learning and enjoying the game of soccer. Our soccer program is a true example of a family event that everyone involved gains from.

Please read the information provided and talk with your children about participating in this amazing program. Then, fill out the enclosed forms and return them to the school with your children, or turn them in to the Parish Center.

Games are played at the Mossville Soccer Complex (next to the Mossville Caterpillar plant). The season typically begins in mid to late August and ends in late September with tournaments for grades 3<sup>rd</sup>-8<sup>th</sup> in late September and early October.

Thank you for your participation!

Jason Haynes  
St. Joseph's Soccer Coordinator



## **General Information**

The season's practices will begin in early August. If your child intends to play you **MUST** fill out and return the attached registration form with payment no later than **May 12, 2017**. Late submissions may preclude your child from participating. After the deadline players will be placed on a team only if there are openings on that team.

Please fill out the form in its entirety. As far as t-shirt sizes, it is easier for the kids to move as they need to during games with a larger sized t-shirt. Weather may create the need for your child to wear clothing under their t-shirt. Also, remember that your child will probably grow over the summer and therefore may require you to order a larger sized t-shirt anyway.

Please fill out one form per child. Payment can be combined for siblings.

T-shirts will be handed out prior to the first game.

**\$40 per child (need new jersey/t-shirt)** Make checks payable to **St. Joseph's Soccer**  
**\$30 per child (if you will be using jersey/t-shirt from prior season )**

Teams are divided up in the following grades:

1 <sup>st</sup> /2 <sup>nd</sup> Grade Co-Ed	
3 <sup>rd</sup> /4 <sup>th</sup> Grade Girls	3 <sup>rd</sup> /4 <sup>th</sup> Grade Boys
5 <sup>th</sup> /6 <sup>th</sup> Grade Girls	5 <sup>th</sup> /6 <sup>th</sup> Grade Boys
7 <sup>th</sup> /8 <sup>th</sup> Grade Girls	7 <sup>th</sup> /8 <sup>th</sup> Grade Boys

With the exception of the 1<sup>st</sup>/2<sup>nd</sup> grade teams, each team will be involved in a post season tournament.

Playing time: (Per the PPSA By-Laws) Each rostered dressed player attending a game must play the equivalent of at least two full quarters unless under disciplinary action or where illness, injury or physical limitations prevent the player from participating the equivalent of two full quarters.

Let's make the fall of 2017 a wonderful year for our Parish's Soccer program, and provide our children with an opportunity to make memories they'll take with them the rest of their lives.

Also, we are going to need coaches for each of the teams. I understand that the parents might be a little apprehensive to volunteer to coach based on lack of knowledge or experience. Please do not let this discourage you from volunteering to coach. I will make sure you have resources available to assist you. Plus this is a good way of gaining volunteer hours for those with children at St. Joseph's School

Please like us on Facebook, We regularly post information on our page : 



**T-Shirt Information/Coaching Request/ PPSA**

If you would like to use the shirt your child had last year (ensure they have the same number, etc) please check the yes box and list your child’s number from last year.

What grade will your child be in during the Fall 2017 season? \_\_\_\_\_

I would like to use the shirt that my child was given last year.      Yes

If yes: What was your child’s number on the back of their shirt? \_\_\_\_\_.

If no: What size shirt will you need for the Fall 2017 season (please circle one)?

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|----------------------|---------------------|-----------------------|
| Youth Medium (10-12) | Youth Large (14-16) | Adult Small (34-36)   |
| Adult Medium (38-40) | Adult Large (42-44) | Adult X-Large (46-48) |

**Travel Players:** Is the participant a member of a travel soccer team (i.e. Pekin Pride, Blaze SC, FC Peoria, etc)?

\_\_\_\_\_. Yes      \_\_\_\_\_. No      If yes, which club? \_\_\_\_\_.

**Coaches:**

I would like to be a coach    Yes

If yes: What grade(s) are you interested in coaching? \_\_\_\_\_.    Head or Asst. \_\_\_\_\_.

**Note: All coaches, assistant coaches and volunteers, of any kind from Parishes in the Diocese of Peoria must be fingerprinted, complete a CDFS background check (CANTS), and attend the Protecting God’s Children program prior to any kind of involvement in the program.**

Code of Ethics and Sportsmanship

It shall be the goal of the Peoria Parochial Soccer Association to teach, foster, and promote the sport of soccer. It is the intent of this program to provide participants with an opportunity to enjoy the sport while working to Learn and Improve their playing skills in addition to promoting Good Sportsmanship and a Christian Attitude. Winning must never come at the expense of these fundamental objectives.

As a parent/guardian, I will strive to instill and promote in my children, the meaning of Good Sportsmanship and a Christian Attitude.

\_\_\_\_\_



Parent or Guardian Signature

Date

**ATHLETIC, SPORTING AND OTHER EVENTS  
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

A brief description of the activity follows:

Type of Event: \_\_\_\_\_

Location(s): \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Duration of Activity: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. Any questions I have concerning this activity have been answered.

In consideration of my child being allowed to participate in this activity, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Diocese of Peoria, the parish, the school, coaches, chaperones, volunteers or representatives associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in this activity.

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

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









## MEDICAL INFORMATION

### STUDENT / MINOR

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACTS:

#### Parent(s) or Guardian

Name (First, middle, last): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

#### Other Contact

Name (first, middle, last): \_\_\_\_\_

Relationship (friend,  
Relative, neighbor, etc): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

### STUDENT/MINOR's REGULAR PHYSICIAN:

Name (first, middle, last): \_\_\_\_\_

Phone (include area code): \_\_\_\_\_

### MEDICAL CONDITIONS:

Please list any medical conditions of the above student/minor (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



Please list any allergies or allergic reactions to medications of the above student/minor:

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Please list any medications the above student/minor is now taking:

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Date of student/minor's most recent tetanus shot:

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Other pertinent medical information:

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**MEDICAL INSURANCE INFORMATION:**

Company (primary medical provider): \_\_\_\_\_

Phone Number (include area code): \_\_\_\_\_

Identification number of plan: \_\_\_\_\_

Identification # of covered employee: \_\_\_\_\_

