



La Crosse Area Indoor Soccer (Futsal)

Sponsored by Viterbo University Women's Soccer



Location: Viterbo University, Mathy Center, La Crosse, Wisconsin

Dates: Sundays, Dec. 7, 2008–March 8, 2009 (8 a.m.–4 p.m.)

Cost: Minimum 10 players per team. \$50 per player. Fee includes: Use of Viterbo facilities, refs, registration, player liability insurance. Make checks payable to “Viterbo University Women’s Soccer.” A parent coordinator should gather the 10 player’s registrations and send them in together as a team by Monday, Nov. 3.

Ages: The league will include the following age divisions: Boys and Girls—U14, varsity, and Premier. There will be a posted “free agent” list for individual players looking for a team.

2008–09 Futsal Program Schedule:

- Dec. 7**
- Jan. 4**
- Jan. 18**
- Feb. 22**
- March TBA *(T-G)**
- Dec. 14**
- Jan. 11**
- Feb. 15**
- March 8**
- March TBA *(T-B)**

*(T-G “girls,” T-B “boys” Tournaments) an extra fee will be charged for the tournament play



Futsal is one of the most popular indoor sports with over 25 million players worldwide. Developed in Uruguay in 1930, futsal is a five vs. five game played on a full-size basketball court. There are no sideboards. Games run two—20 minute halves. The emphasis of the game is on ball control/foot skill development.

A parent coordinator will be needed to collect fees, assist in registering the team, creating a jersey, and assisting in substitutions (these tasks can be shared between parents). Players must wear shin guards and indoor court shoes. Each team must provide players with a jersey or t-shirt. An adult (parent coordinator/coach) to assist with substitutions is required for each team. Viterbo will provide the futsal balls and field equipment. Every player needs to fill out and sign the registration/insurance form below. Questions: call Will Lemke at **608-345-6623** or Scott Pirstill at **608-304-0371**.

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Name _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Credit Card: Visa _____ Mastercard _____ Credit Card No. _____ Credit Card Exp. _____

Amount \$ _____ Signature _____

I request that you accept the application for enrollment of the above named individual in the La Crosse Area Indoor Soccer (Futsal) for dates specified on application. In consideration of your acceptance of application, I release Viterbo University, its employees and Board of Trustees of Viterbo University from all claims on the account of any injuries which may be sustained while attending the activities. I agree to indemnify and hold Viterbo University, its employees and Board of Trustees harmless for injury and expense, including costs of defense, which may result from activities associated with participation in the La Crosse Area Indoor Soccer (Futsal). If medical attention is required for injury or illness for the above named applicant, I give my permission for such medical care; and I take full responsibility for payment of such medical care.

Parent/guardian name (printed) _____ Parent/guardian signature _____

Insurance Company _____ Policy Number _____

Make Checks payable to *Viterbo University Women’s Soccer*, Viterbo University, 900 Viterbo Drive, La Crosse, WI 54601
(Please submit team registrations together)