Jefferson College Futsal League Rules

Fee
Team - $300 (If you have a whole team)
Individual - $30 (If you don’t have a team and would like to sign-up and be drafted by team)
Deadline – November 22 or once the divisions are full.
Games – 6 includes soccer clinic provided by Jefferson College Soccer Team.

Game Times
Games will play two 20 minute halves.

Rosters
Team rosters are limited to a minimum of 7 players and a maximum of 10 players.
MULTIPLE ROSTERING (PLAYING FOR MORE THAN ONE TEAM) WILL NOT BE ALLOWED.
In the event a team does not have enough players for a particular match and wishes to use non-roster players in order to play a game, the result will be a forfeit. The score will be posted as 4-0 Final and a scrimmage may be played. Non-roster players must be approved by both coaches prior to the start of the scrimmage. (No Exceptions)

Number of Players
All games will play with five players on the field, one of whom shall be the goalkeeper.

Player Equipment
Goalkeeper must wear a jersey color which will distinguish him/her from the rest of the players and the referee. Pennies are allowed. Shin guards are MANDATORY and must be fully covered by socks.

Balls
Standard Futsal balls are used for all ages.

Referee
At least one referee shall be present during play.
Referee shall keep record of the game score and turn in game card to the league.
Abuse of referees in any form, whether verbal or physical, will NOT be tolerated.

Standings
Scoring – Win (3 points) Loss (0 points) Tie (1 point) Forfeit counts as a 4-0 result Referees may stop posting the score on the scoreboard after a 5 goal differential.

Splints/Casts
Splints and Casts of any type will NOT be allowed.

Facility Rules
Individuals using this facility do so at their own risk. Jefferson College, league operators, and volunteer staff of the JC Futsal League assume no liability for injuries or accidents that may occur.

Questions
Contact Ricardo Garza at: 636 481-3397 or e-mail him at rgarza@jeffco.edu
Jefferson College Futsal League Team Roster

PLEASE CHECK ONE

DIVISION I ______ DIVISION II _____
(1st & 2nd grade) (5th & 6th grade)

DIVISION III _____ DIVISION III _____
(7th & 8th grade) (High School Boys)

COACH’S NAME: ____________________________

ADDRESS: ________________________________

CITY: _________ STATE: _______ ZIP: _______

PHONE: ____________ (HOME) _____________ (CELL)

EMAIL: ________________________________

TEAM NAME: ______________________________

ASSISTANT COACH: __________________________

ADDRESS: ________________________________

CITY: _________ STATE: _______ ZIP: _______

PHONE: ____________ (HOME) _____________ (CELL)

PLAYER NAME | ADDRESS | CITY | ZIP | SCHOOL | GRADE
---|---|---|---|---|---
1. | | |
2. | | |
3. | | |
4. | | |
5. | | |
6. | | |
7. | | |
8. | | |
9. | | |
10. | | |

Contact 636 481-3397 or rgarza@jeffco.edu
Jefferson College Futsal League Player Registration Form

Name:________________________________________ Address:______________________________________________

City:______________ Zip Code:_________ Telephone:____________________________________________________

Grade:__________ Age:_________ Birth date:_________ School:______________________________________________

Emergency Information: (Parent or Guardian) ____________________________________________________________

Cell phone:________________________ Email Address:____________________________________________________

EMERGENCY CONTACT: (Name other than parent):______________________________________________________

Cell phone:________________________ Email Address:____________________________________________________

Jefferson College Futsal Participation Waiver and Medical Release

I feel that there are no medical reasons why my son/daughter cannot participate in the Futsal League at Jefferson College.

I understand that insurance to cover medical expenses incurred as a result of participation in this activity is my responsibility. Further, I am willing to assume responsibility in the aforementioned activities. I also grant permission for the school employee in charge of the activity in which the student is participating to arrange for medical treatment, including transportation to and the admission and treatment in a hospital when necessary, in those instances where the employee believes that immediate treatment is necessary to maintain the health and physical well-being of my child. I agree to assume full responsibility for the payment of all costs incurred for such medical treatment, necessary ambulance services, and other related costs.

Signature of participant: ___________________________ Signature of parent: ___________________________