

Jefferson College Futsal League Rules



Session II will consist of 6 games.

Date January 22 – February 26

Fee

Team - \$400 (If you have a whole team)

Individual - \$60 (If you don't have a team and would like to sign-up and be drafted by team)

Divisions

Division I 1st/2nd Grade

Division II 3rd/4th Grade

Division II 5th/6th Grade

Division IV 7th/8th Grade

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 IN SAME DIVISION) WILL NOT BE ALLOWED.

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. Pinnies are allowed. Shin guards are **MANDATORY** and must be fully covered by socks.

Referee

At least one referee shall be present during play.

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: 636 797-3000 ext.397 or e-mail him at 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: _____

Jefferson College Futsal League Team Roster

PLEASE CHECK ONE

COACH'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ (HOME) _____ (CELL)

EMAIL: _____

TEAM NAME: _____

ASSISTANT COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ (HOME) _____ (CELL)

DIVISION I _____ DIVISION II _____

(1ST & 2ND grade)

(3RD & 4TH grade)

DIVISION III _____ DIVISION IV _____

(5th & 6th grade)

(7th & 8th grade)



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