



925 North Lindbergh
 St. Louis, MO 63141
 www.loufuszsoccer.com

Year Round Programs

2nd Winter Indoor Skills Camp
 Begins February of 2016
 And will include ages 5-14

OFFICE 314-628-9341
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 CELL 314-393-1164
 martypike@loufuszsoccer.com

2015 Winter Skills Camps I

December 2015 - January 2016

Program Director: Marty Pike

Founded in 1993, the Lou Fusz Soccer Club is widely regarded as one of the top soccer programs in the Midwest. The Lou Fusz Soccer Winter Academy will consist of **8 one hour training sessions** for boys and girls ages 5-11. **Players will be sub-divided by age and by gender (depending on the number of participants).** Each session emphasizes proper technique to improve the individual's ball skills. All programs are **open to the public.**

Program	Dates/Times	Gender/Age
1 South County Vetta Concord	Starts December 2 Wednesday 4:50-5:45pm	Boys & Girls 5-11
2 South County Bud Dome	Starts December 5 Saturday 1:00-2:00pm	Boys & Girls 5-11
3 Webster Groves Soccerdome	Starts November 30 Mondays 5:00-5:55pm	Boys & Girls 5-11
4 West County Vetta Manchester	Starts December 1 Tuesdays 4:30-5:25pm	Boys 5-11
5 West County Vetta Manchester	Starts December 3 Thursdays 4:30-5:25pm	Girls 5-11
6 West County Vetta Manchester	Starts December 3 Thursdays 4:30-5:25pm	Boys 5-11

Program	Dates/Times	Gender/Age
7 University City Centennial Commons	Starts November 30 Mondays 5:30-6:30pm	Boys & Girls 5-11
8 University City Centennial Commons	Starts December 2 Wednesday 5:00-6:00pm	Boys & Girls 5-11
9 University City Centennial Commons	Fridays Dec 4, 11, 18 6:00-7:00pm Jan 8, 15, 22, 29 Feb 5 5:00-6:00pm	Boys & Girls 5-11
10 St. Charles County Vetta St Charles	Starts December 3 Thursdays 4:30-5:25pm	Boys 5-11
11 St. Charles County Vetta St Charles	Starts December 3 Thursdays 4:30-5:25pm	Girls 5-11
12 O'Fallon MO Matteson Square Gardens	Starts December 1 Tuesday 6:00-7:00pm	Boys & Girls 5-11

*Players will be separated by age and gender
 (Depending on the number of participants)*

OPEN TO THE PUBLIC....Enrollment is Limited
 \$135....includes a t-shirt!

APPLY ONLINE AT WWW.LOUFUSZSOCCER.COM

with convenient and secure online credit card payment
 via PayPal, or by check.

OR USE APPLICATION ON REVERSE SIDE

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.



2015-2016 Winter Skills Camps

Player's Name							
Date of Birth		Age		Gender			
Street Address							
City, State, ZIP							
Primary Phone #			Parent's Email				
Mother's Name			Father's Name				
Mother's Cell #			Father's Cell #				
Program	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> #1 –Vetta Concord (Wednesdays, 4:50pm) <input type="checkbox"/> #2 –Bud Dome I (Saturdays, 1:00pm) <input type="checkbox"/> #3 –Vetta Soccerdome (Mondays, 5:00pm) <input type="checkbox"/> #4 –Vetta Manchester (Tuesdays, 4:30pm) <input type="checkbox"/> #5 –Vetta Manchester (Thursdays, 4:30pm) <input type="checkbox"/> #6 –Vetta Manchester (Thursdays, 4:30pm) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> #7 -Centennial Commons (Mondays, 5:30pm) <input type="checkbox"/> #8–Centennial Commons (Wednesday, 5:00pm) <input type="checkbox"/> #9–Centennial Commons (Fridays, 6pm/5pm) <input type="checkbox"/> #10–Vetta St. Charles (Thursdays, 4:30pm) <input type="checkbox"/> #11 –Vetta St Charles (Thursdays, 4:30pm) <input type="checkbox"/> #12- Matteson Square Gardens (Tuesdays, 6:00pm) </td> </tr> </table>					<input type="checkbox"/> #1 –Vetta Concord (Wednesdays, 4:50pm) <input type="checkbox"/> #2 –Bud Dome I (Saturdays, 1:00pm) <input type="checkbox"/> #3 –Vetta Soccerdome (Mondays, 5:00pm) <input type="checkbox"/> #4 –Vetta Manchester (Tuesdays, 4:30pm) <input type="checkbox"/> #5 –Vetta Manchester (Thursdays, 4:30pm) <input type="checkbox"/> #6 –Vetta Manchester (Thursdays, 4:30pm)	<input type="checkbox"/> #7 -Centennial Commons (Mondays, 5:30pm) <input type="checkbox"/> #8–Centennial Commons (Wednesday, 5:00pm) <input type="checkbox"/> #9–Centennial Commons (Fridays, 6pm/5pm) <input type="checkbox"/> #10–Vetta St. Charles (Thursdays, 4:30pm) <input type="checkbox"/> #11 –Vetta St Charles (Thursdays, 4:30pm) <input type="checkbox"/> #12- Matteson Square Gardens (Tuesdays, 6:00pm)
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Please make checks payable to:
Lou Fusz Soccer Club

Send application and payment to: Lou Fusz Soccer Club
Attn: 2015 Winter Academy
925 North Lindbergh
St. Louis, MO 63141

- Cost: \$135 per player, per program
- Group discounts available
- OPEN TO THE PUBLIC

...or pay securely online via PayPal, see website for details

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: _____
(required)