



**Boys and Girls Club of Fitchburg/Leominster
FUTSAL LEAGUE**

**2024-2025 Player Registration Form
Boys and Girls Divisions
Ages 9-12**

(Children who are 8 can play but **MUST** email srodriguez@bgcfl.org)

Registrations MUST be received prior to

Sign up days at the Boys & Girls Club will be

Fees: **\$50** for each Player

Covers Shirt, Equipment, 6 games plus Playoffs.

First Practice start Saturday January 11th

First Game Thursday January 16th

Before filling out this form please read the important information located on the back

All sections of the form must be filled in with the requested information.

MUST come to the club to make payment and submit registration.

ALL FORMS OF PAYMENT ACCEPTED

Attach your check or money order payable to The Boys & Girls Club of Fitchburg and Leominster:

365 Lindell Ave

Leominster, MA 01453

First Name _____ Last Name _____ Email _____

Address _____ City _____ Zip _____ Phone _____

School _____ Grade ____ F or M Previous Organized Soccer Experience ? Y N

Please rate your child's playing ability: **A (dominant) B C D (developing player)**

Child Naturally Plays Goalkeeper? Y N

Shirt Sizes: Please circle the appropriate size (Parents are responsible for ordering the correct sizes.)

PLAYERS must have Gym Shoes/Indoor Soccer shoes

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

I am interested in participating as a:

(1) **Sponsor:** _____ (Name of INDIVIDUAL, FAMILY or COMPANY)

(2) (Circle one): **Coach Assistant Coach Scorekeeper / Timekeeper Referee**

Your name _____

Email Address (if different than above) _____

REGISTRATION FEES WILL BE REFUNDED IN FULL TO PARENTS WHO SIGN UP AND ARE SELECTED TO BE HEAD COACHES.

BGCFL has my permission to use my child's photo on our website or other advertising materials _____
(Parent Signature)

Medical Information

Allergies: Yes No Asthma: Yes No Heart Disease: Yes No Date of Last Tetanus: _____
Medications: Yes No If Yes List: _____
Doctor's Name: _____ Address: _____ Phone: _____
Health Insurance: _____ Policy #: _____ Group #: _____

I/We agree that in case of an emergency when time or circumstances make it impractical to secure our prior approval BGCFL officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to securing emergency services, anesthetics, medical specialists and hospital admissions.
Initial: _____

Boys & Girls Club Youth Futsal League

2024-2025 Player Registration Form

BGCFL is a recreational Futsal (Indoor Soccer) league open to boys and girls ages 9-12. Any Parents of 8 year olds can email Santiago Rodriguez-D'Atri to talk about signing their kids up. Games will be played on Thursdays at either 5pm, 6pm, or 7pm. Practices will be held on Saturdays at either 1pm, 2pm, or 3 pm. Games will consist of 20 minute halves with infinite substitutions with no clock stoppage. Please see <https://www.usyouthfutsal.com/the-rules> for the rules of the game. Teams will be made depending on the amount of kids who sign up and coaches available.

This is the first year of this league and created with little time, please stick with us as we try to develop a new way for kids to have fun and create new memories. While we try our hardest to make this league perfect, there may be hiccups along the way and we apologize for any that happen. That being said, Thank you for your interest and making this a great place for the kids.

Any Questions?

Santiago Rodriguez-D'Atri
978-833-9180
Email: srodriguez@bgcfl.org
Rocco Spagnuolo
978-534-8358 x18
Email: rspagnuolo@bgcfl.org

We need Sponsors...

BGCFL needs individuals, families and businesses as sponsors to help offset the costs of program operations. The cost is \$500 per team and your donation is tax deductible. If a company is the sponsor, please include a business card along with your check. Thank you for your generosity and support.

We need Coaches...

Please join us if you have 2 to 3 hours a week for practices and games to help out as a coach or assistant coach. Each Team will receive one practice slot per week. The time commitment is small, the experience is very rewarding and the time with your child is priceless. Coaches, more than any of our volunteers, ensure the success of the league.

REGISTRATION FEES WILL BE REFUNDED IN FULL TO PARENTS WHO SIGN UP AND ARE SELECTED TO BE HEAD COACHES.

For League Use Only: Date Received _____ Payment Amt _____ Check # _____
Source: Email _____ Mail _____ School _____