



Welcome to the 2008 SFXAA youth soccer program. This league is intended to be fun and give the kids a positive introduction to soccer and team sports.

Highlights

- Short Season – Games Start Sept 27th
- No Travel – All games are at the St. Francis fields (3rd St. & Highland)
- Small teams – Optimizing playing time and instruction

Divisions

ROOKIE (U6)

This division is for first timers up to age 5. They play 4 on 4 with no goalie and on a modified field. The coaches are on the field with the players. Our focus is having fun while learning the very basic skills of soccer and team sportsmanship. Games are on Saturday morning with one practice during the week. **Limited to 8 players per team.**

COLLEGIATE (U7)

This division is for kids that have played a least one year and are under 7 years old. They will play 4 on 4 with no goalie. Coaches will referee the games. Rules of the game and skill development will be emphasized at this level. Games are on Saturday morning with one practice during the week. **Limited to 8 players per team.**

WORLD CUP(3rd Grade & younger)

Our World Cup division is for players ready to learn and play competitive soccer. They will play 6 on 6 with a goalie. A referee will call select penalties. Our goal is to get players ready to play club soccer. Games will be played Saturday mornings and weeknights. **Limited to 10 players per team.**

Registration

Fee: \$105.00 This inclusive fee includes uniform, pictures, trophy and a treat after each game. **No additional cost.** Checks payable to SFXAA

Mail: St. Francis Xavier Athletic Association (SFXAA)
P.O. Box 16114 - Phoenix, AZ 85011

Walk-up: St. Francis Xavier Church
Sunday, August 31st, 2008 10am to noon

Deadline: **September 3rd**

Warning! *Divisions filled up last season and kids were turned away, please make the deadline.*

**ST. FRANCIS XAVIER ATHLETIC ASSOCIATION
2008 SOCCER REGISTRATION FORM**

1. PLAYER INFORMATION: Name: _____

(Please only one child per form)

Age: _____ DOB: _____ Gender: **M** **F** Did you play last year? **Y** **N**

Primary Address: _____ City: _____ Zip: _____

Secondary Address: _____ City: _____ Zip: _____

Present School Attending: _____ Grade: _____

Future Grade School: _____

2. PARENT INFORMATION: (MUST COMPLETE)

Father: _____ Home Phone: _____ Work Phone: _____

Mother: _____ Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact: Name: _____ Relation: _____

Phone: _____

3. DIVISION: Please circle one

Rookie (4 & 5 years)

Collegiate (7 & Under)

World Cup (3rd Grade & Under)

Coach / Team preference: _____

4. HEALTH LIMITATIONS: Does the player have any health limitations? **Y** **N**

If yes, please describe: _____

5. CONSENT & WAIVER: The undersigned certifies that the child is physically able to participate in the St. Francis Xavier Athletic Association program. The undersigned also understands that the St. Francis Xavier Athletic Association will administer no physical examinations and the St. Francis Xavier Athletic Association will rely solely upon the information shown on this form. The undersigned also agrees that all St. Francis Xavier Athletic Association Board Members, Coaches and Volunteers shall not be responsible for any accidents or injuries that may occur during the child's participation in this sport's program.

SIGNATURE: _____ DATE: _____, 2008

Parent or Legal Guardian

PRINT NAME: _____

SFX ATHLETIC ASSOCIATION

Please remember that SFX Athletic Association is staffed entirely by volunteers and relies heavily on donations. Your support, participation, and assistance in one of the following areas is needed and appreciated. Please check any of the following areas that you would be willing to lend your time and consideration. Thank you.

John Moore, moorej@cox.net and Spencer Kamps, kampss@hbaca.org

VOLUNTEER SIGN-UP

Volunteer Name: _____ Telephone: _____

Email: _____

What division are you volunteering for?

Position	Division	Desired Team Roster Division: Rookie / Collegiate / World Cup
Head Coach	Asst. coach name	1)
Asst. Coach	Head coach name	2)
Snack Bar		3)
Field Day		4)
Team "Mom" Coordinator		5)
Other		6)
		7)
		8)
		9)
		10)
		11)

Team Name: _____

SPONSORSHIP & DONATION FORM

Sponsor Contact: _____ Phone: _____

Email: _____

Division: _____ Coach Name: _____

Team Name:

Sponsor Name for uniform:

➤ Team Uniform Sponsor: **\$250.00**

League Donation

Snack Bar items, field equipment or supplies, etc.

For additional information contact:

Chris Burch: cbkaa92@yahoo.com

Make check payable to: SFXAA

MAIL TO:

St. Francis Athletic Association

P.O. Box 16114

Phoenix, AZ 85011