



CATHOLIC YOUTH FUTSAL LEAGUE – 2024-2025 - GENERAL OVERVIEW

The Catholic Youth Futsal League and Academy was created in 2003 to provide children who attend the Diocese' Schools with a means to get together on Saturdays and play FUTSAL/INDOOR SOCCER in a safe and recreational environment.

Thousands of children have participated at the CATHOLIC YOUTH FUTSAL LEAGUE and ACADEMY during the past 20 years or so and have made new friends whilst developing their skills and having fun. The CYFL is designed to accommodate children from 3 to 14 years old who attend the Diocese' Schools. The CYFL and ACADEMY is comprised of volunteers, coordinators, coaches, directors, and principals. **IT IS ESSENTIAL THAT EVERY SCHOOL PROVIDES A COORDINATOR AND COACHES SO CHILDREN CAN PLAY!**

The CYFL is comprised of 10 to 11 meetings on Saturdays at Durfee High School from 3:30pm to 8:30pm.

PRE-K ACADEMY - 3 AND 4 YEARS OLD

Every Saturday from 3:30pm - 4:20pm children learn from qualified CYFL coaches the introductory skills to become proficient in Futsal/Soccer. The activities are designed in a "cognitive" and fun environment.

K - ACADEMY DIVISION - 5 AND 6 YEARS OLD

Every Saturday from 3:30pm - 5:10pm children and school coaches will learn for 3 weeks how to play Futsal/Soccer. From the 4th week to the 11th week children will play in a festival like league. Game times are 3:30pm or 4:20pm with a duration of 50 minutes.

CYFL – COMPETITIVE LEAGUE STRUCTURE

Each school will form teams according to GRADE GROUP AS FOLLOWS:

1. GRADES 1 AND 2
2. GRADES 3 AND 4
3. GRADES 5 AND 6
4. GRADES 7 AND 8

Every Saturday from 4:20 - 8:30pm a particular GRADE GROUP will compete in a league format against other schools of the same GRADE. Game times are 4:20pm; 5:10pm; 6:00pm; and so on. During the last week of the season a PLAY-OFF will take place where each GRADE GROUP will compete for a championship trophy. EACH SCHOOL COORDINATOR/PRINCIPAL will assign coaches to practice with their corresponding GRADE GROUP during the week at their own discretion. Most teams practice at their own school gym. Some coaches rent school gyms for practices.



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- 1. IMPORTANT LEAGUE DATES: LAST DAY TO REGISTER /TURN IN PAPERWORK – OCTOBER 24, 2024.**
- LEAGUE DATES:
 - TRAINING NOVEMBER 16,26
DECEMBER 14 (ROSTER FREEZES)
 - GAMES DECEMBER 21; JANUARY – 2025 – JANUARY 4,11,18,25
FEBRUARY – 1,8,15
 - PLAY-OFFS MARCH 1– SNOW DATES – MARCH 8,15.
- BANQUET DATES WHITE'S OF WESTPORT – WORKING ON A DATE
MEDALS TO ALL PLAYERS
TROPHIES TO THE BEST REFEREE, COACH, COORDINATOR, FAIR PLAY
GRADE GROUP WINNER TROPHIES TO BE PRESENTED AT PLAY-OFFS
- AGE GROUPING/FORMAT
- PRE-K ACADEMY – 3 AND 4 YEARS OLD - COGNITIVE TRAINING AMONGST THEMSELVES – SMALL SIDED GAMES
- K – ACADEMY - 5 AND 6 YEARS OLD - TRAINING AND ORGANIZED GAMES – GOALKEEPER INTRODUCED
- JAMBOREE FESTIVAL DURING PLAY-OFFS
- COMPETITIVE LEAGUE – GRADES 1,2; GRADES 3,4; GRADES 5,6; GRADES 7,8
- 3 WEEKS OF SCRIMAGES AND 8 WEEKS OF LEAGUE GAMES INCLUDING PLAY-OFFS
- COST: \$100 PER CHILD - \$165 PER FAMILY. CHECKS MADE TO NEW ENGLAND SPORTS PROMOTION

LEAGUE RULES REGARDING ROSTER, OUTSIDE PLAYERS, BEHAVIOR

- 1. 50% PLAYING RULE APPLIED TO ALL GAMES- INCLUDING PLAY -OFFS – NO EXCEPTONS! NO DOUBLE ROSTERING!**
- ROSTER SIZE SHOULD BE BETWEEN 8 AND 10 PLAYERS. DIRECTORS DISCRETION APPLIES.
- TWO TEAMS FROM THE SAME GRADE AGE/SCHOOL – TEAMS SHOULD BE OF EQUAL ABILITY
- OUTSIDE PLAYERS: THE CYFLA LEAGUE IS DESIGNED SPECIFICALLY FOR CHILDREN ENROLLED AT THE IOCESE' SCHOOLS. IF AN OUTSIDE PLAYER REQUESTS TO PARTICIPATE AT THE CYFLA LEAGUE, THE FOLLOWING REQUIREMENTS MUST BE MET:
 - LETTER FROM THE PARISH THE CHILD IN QUESTION ATTENDS SAID CHURCH
 - LEAGUE DIRECTORS WILL DECIDE UPON REQUEST FROM SCHOOL/COACH WHICH SCHOOL THE PLAYER IN QUESTION SHOULD BE ASSIGNED TO PLAY FOR.
 - DIRECTOR'S DECISION IS FINAL.**
- PLAYERS WILL BE PROVIDED A GAME T-SHIRT LIKE IN THE PREVIOUS YEARS.
- SPONSORS - NAME OF COMPANY ON THE BACK OF THE T-SHIRT - \$250 PER TEAM - \$750 TO SPONSOR ONE SCHOOL - \$1250 TO SPONSOR ALL SCHOOLS. IF INTERESTED, PLEASE E-MAIL COACH BILL AT BILLSAMPAIOFUTSAL@GMAIL.COM

“THE GAME IS FOR THE CHILDREN TO ENJOY”

ZERO TOLERANCE RULES APPLY.

**COACHES SHOULD BEHAVE AS RESPONSIBLE ADULTS AND LEAD THEIR CHILDREN BY EXAMPLE.
DO NOT ADDRESS THE REFEREE WITH CALLS MADE DURING THE GAME, EVER.
ANY ISSUES SHOULD BE ADDRESSED TO THE SITE COORDINATOR, 24 HOURS AFTER THE FACT.**

CATHOLIC YOUTH FUTSAL LEAGUE REGISTRATION FORM

COMPLETE THIS FORM AND RETURN TO SCHOOL PRINCIPAL WITH PAYMENT OF \$100

CHECKS MADE PAYABLE TO NEW ENGLAND SPORTS PROMOTION

LAST DATE TO RETURN FORM AND PAYMENT TO SCHOOL IS OCTOBER 24, 2024

NEW ENGLAND FUTSAL - YOUTH PLAYER REGISTRATION

LAST NAME _____ FIRST NAME _____ GENDER _____	
ADDRESS _____ CITY _____	
STATE ____ ZIP CODE _____ CELL PHONE _____ D.O.B. ____/____/____	
PARENT/GUARDIAN _____ CELL PHONE _____	
E-MAIL _____	
PARENT/GUARDIAN _____ CELL PHONE _____	
E-MAIL _____	
MEDICAL CONDITIONS/ALLERGIES _____	
PERSON TO NOTIFY IN EMERGENCY _____ PHONE _____	
SHIRT SIZE (Circle One) Youth: S M L Adult: XS S M L	
SHORT SIZE (Circle One) Youth: S M L Adult: XS S M L	
FUTSAL/SOCCER EXPERIENCE: YES ____ NO ____ NUMBER OF SEASONS PLAYED: _____	
<p>CONSENT FOR MEDICAL TREATMENT</p> <p>As the Parent or Legal Guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent</p> <hr/> <p>Signature of Parent or Legal Guardian</p> <p>Address _____</p> <p>City _____</p> <p>Zip Code _____</p>	<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of New England Sports Promotion, The Diocese of Fall River, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration for the New England Sports Promotion programs and activities, I hereby release, discharge, and/or indemnify New England Sports Promotion, The Diocese of Fall River, its affiliated organizations and their sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the program, against any claim by or on behalf of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.</p> <p>Name _____</p> <p>Parent or Legal Guardian (please print)</p> <p>Signature _____</p> <p>Date _____</p>