



Cougar Soccer

(Catholic Metro Soccer League)
At Holy Spirit Preparatory School



Teams to be formed – Fall 2008:

Kindergarten/Pre1st – coed teams.

Play 4v4 on the field, practice once during the week for 1 hour.

Under 8 Girls – for 1st and 2nd grade girls. **Under 8 Boys** – for 1st and 2nd grade boys.

Play 4v4 on the field, practice once during the week for 1 hour.

Under 10 Girls – for 3rd and 4th grade girls. **Under 10 Boys** – for 3rd and 4th grade boys.

Play 6v6 on the field, practice once during the week for 1 ½ hours.

Under 12 Girls – for 5th and 6th grade girls. **Under 12 Boys** – for 5th and 6th grade boys.

Play 8v8 on the field, practice twice during the week for 1 ½ hours each time.

Practice Begins: Monday, August 25. Coaches set practice times under the direction of the League Coordinator. For the younger players, the majority of practices will begin at 3:15 or 4:00 p.m. Older players may have later practice starting times.

Games Begin: Saturday, September 6

Regular Season Ends: Saturday, October 25

Tournament: for all U10 & U12 teams November 1 & 2

Practice Location: Holy Spirit Prep Lower School Field

Home Game Location: Holy Spirit Prep Lower School Field

Away Game Location: other Catholic Schools and parishes

Game times/dates: will be set by the CMSL. Most games will be played on Saturday, although there may be some Sunday afternoon games due to different school break schedules. Sunday's are also used as make up days in case of rainouts.

Registration Dates: through July 31, 2008. All players who register by this date are guaranteed a spot on a team. After the deadline, players will be placed on teams only if spots are available.

Note: Registration Checks will not be cashed until after July 31.

Cost Per Child: \$110.00 (jerseys and trophies included in the cost) or \$100 if using jersey from previous season. Parents are to provide black shorts, black socks, shin guards, cleats and ball (size 3 for U6 & U8, size 4 for U10 & U12).

Coach Nixon will be returning this fall to work with all our teams. Coach Nixon is both a professional soccer player and coach and a great asset to our Lower School soccer program.

Parents are needed as Coaches and Team Parents. Please sign up on the registration form.

Questions: Contact Anne Marie Hooper at ahoop@holyspiritprep.org

Checks should be made out to Holy Spirit Preparatory School. Please complete the attached registration form and return it to the Lower School attention: Anne Marie Hooper OR mail to Anne Marie Hooper, Holy Spirit Preparatory School, 4449 Northside Drive, NW, Atlanta, GA 30327

Holy Spirit Preparatory School Cougar Soccer League
Kindergarten – Sixth Grade
Registration Deadline July 31, 2008

Player Name _____ Nickname _____

Grade _____ Age _____ Player Jersey size YS _____ YM _____ YL _____ AS _____ AM _____ AL _____

Player **CAN NOT** practice on Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Parents Names _____ & _____

Every effort will be made to accommodate all players' schedules, but ultimately practice days are determined by the availability of the Coaches and the field. If a player cannot be placed on a team where he/she can make practice the registration fee will be refunded. Registration fees are not refundable once registration closes.

Fee: \$110 (\$100 if using the jersey from previous season). Please make checks payable to: Holy Spirit Preparatory School.

I would like to coach a team YES or NO I would like to be an assistant coach YES or NO
Novice coaches are welcome. There will be a training session for all coaches.

I would like to be a team parent. YES or NO Team parent assist with communications, arranging snack, etc.

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

I, the parent / guardian of _____, do hereby give my permission and approval for my son/daughter /guardianship to participate in the **Holy Spirit Preparatory School Lower School Soccer Program for the Fall 2008 season.** I am aware that playing or practicing any sport can be a dangerous activity involving risks of injury to my son or daughter. Because of the risk of participating in Soccer, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and agree that my son/daughter will obey such instruction.

I do hereby, for myself, my heirs and administrators, waive and agree to hold harmless any and all adults who coach or chaperone this event, other participants, Holy Spirit Preparatory School, and any of the above named parties' representatives, supervisors, sponsors, and/or organizers, for any injuries in connection with the Soccer Program.

I also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I understand that in any such instance, all attempts will be made to contact the parent / guardian.

Furthermore, I agree that if the above named student's behavior is inappropriate, unsafe, and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as result of my child/guardianship being sent home are my responsibility.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Address: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone(s):** _____

Email address _____ **and** _____

Emergency Contact: _____ **Phone:** _____

Please note any medical conditions we should be made aware of: _____

Return to the Lower School attention: Anne Marie Hooper OR mail to **Anne Marie Hooper, Holy Spirit Preparatory School, 4449 Northside Drive NW, Atlanta, GA 30327**