



October 5, 2017

**\*\*2017 FALL SEASON OCTOBER COACHES MEETING:**

**2017 Season is now well under way going into WEEK# 4.....**

1. Coaches and Referee Certifications AYSOU.ORG for courses
2. Clarify Division rules U5/U6, U8, U10, U12 upper divisions
  - a. BOL line Area and section level, Goal keeper half the game
  - b. Review offside infraction when to call not to call
  - c. **When is there no offside?**
3. Need to print out Roster, Line up cards, Registrations for team check in 45 mins before game time before game.
4. SAFE HAVEN Take online any parent assisting you with the team.
  - a. **Maintain your Field of Play within your division, Friday nights**
  - b. **Field Painting Goal setup/nets**, use parent muscle to assist you.
  - c. **Anchor down the Goals with Stakes**

Have Referee crew ready to cover games: **Cover game before or after yours.**

Support the Referee program we have a class coming up Sunday, Point system to be implemented to help with coverage and advance to Area

- **Respect the Decision of the Refs, Focus on your Team only**
- **Maintain sideline Composure at all times, control Players and Parents**
- **Zero tolerance policy for unruly sideline behavior or referee abuse**
- **Mistakes will be made and are part of professional level soccer**
- **Any issues contact the Board**
- **Pico will be represented by well-rounded teams, Area, Section, State cup tournaments**

**Picture day and Candy distribution now complete collect by 10/16/17 for timely submission**

**Open Topics:**

1. Be aware of stadium rules we need to enforce NO food, sodas, dogs, lawn chairs
2. Vandalism at Smith, City and Police informed, be vigilant (see something say something)
3. Each team we ask to donate 1 case of water to supply for Referee's
4. Lineup card filling out review, Adult soccer league , ID Cards for Coaches/ traveling teams
5. Volunteer appreciation dinner planning stages.....



OFFICIAL LINEUP CARD

REGION \_\_\_\_\_ AGE GROUP \_\_\_\_\_ TEAM # \_\_\_\_\_ DATE \_\_\_\_\_

TEAM NAME \_\_\_\_\_ OPPOSING TEAM \_\_\_\_\_

COACH'S NAME \_\_\_\_\_ ASST. COACH'S NAME \_\_\_\_\_

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYERS NAME	Goals Scored	"Qtrs." Not Played			
			1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	Size 4
U-12	30 Minutes	60 Minutes	
U-10	25 Minutes	50 Minutes	Size 3
U-8	20 Minutes	40 Minutes	
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	



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