# The Lady Ei8hts Summer Soccer League

# The League

An 8v8 (7v7+GK) soccer league designed to give high school teams a place to play together during the summer. Matches will be played on an 80x60 field with full-sized goals. Matches will be 2x25 min. halves, with each team playing 2 matches per night. The league will consist of a 10-14 game League schedule and a one-night, single elimination, Cup tournament. \*The league will be operated in full compliance with all NSAA rules of eligibility.

# When

The league will begin Wednesday, June 8th and conclude Wednesday, July 20th. Matches will be played on Wednesday. Match times will be from approximately \*2, \*3 or \*4PM-9PM (\*pending number of teams).

## Who

Any Nebraska or Iowa high school with a Varsity Girl's Soccer Program is invited and it does not matter what "class" or "division" the plays in their respective state. Players must be upcoming freshmen-to-be through seniors-to-be (No 2022 graduates will be eligible). You may have multiple teams and/or teams that compete in opposite leagues.

# Where

All matches will be played at Burke High School's Soccer Field (120th & Dodge Street).

#### **Rosters**

Team rosters are limited to 15 players (including GK) per team. Each team MUST register an adult coach, who is encouraged to attend all matches. The coach is strongly recommended to be someone associated with the high school program (Head Coach, Varsity Asst. JV Coach, etc.).

#### Cost

The registration cost for the league is \$600 per team (about \$40 per player) + \$100 deposit that is FULLY refundable at the conclusion of the season as long as your team shows up to every scheduled game on time. If your team can't make a scheduled game then you must call at least 1 week (7 Days) in advance to inform the league of your absence. Your team will have to forfiet the game scheduled but you will still be able to collect your deposit at the end of the season. This is to ensure that The Eights can communicate in a timely manner with teams who will not have an opponent for a given week. If your team fails to adhear to the deposit policy, the \$100 would then be forfeited to the Eights and could be used for compensation for the team left without a game. Included in the registration fee is a team set of shirts +GK shirt and Championship Awards. According to NSAA guidelines, high school teams competing in leagues other than the NSAA high school competition cannot use their representative high school's name or mascot name. Therefore, all non-sponsored teams shall be designated by their jersey color, which we will "try" to correspond to their respective high school colors.

i.e Millard North=Blue, Papillion/LaVista=Maroon, Gretna=Green, etc.

Make checks payable to: *The Eights* Memo: *Team Name* \*Only 1 check is to be written for each team for the full amount.

The check must be accompanied with all player release forms!

\*If a player is found to playing without a release form on file, that player will be asked to leave that game and not be allowed to play until a release form is signed; in addition, the team in which that player plays for would immediately forfiet that contest.

## For more Information, call or email

Nicholas H. Bratt 5153 North 177<sup>th</sup> Avenue Omaha, NE 68116 (402) 770-8201 nicholas.bratt@ops.org theei8hts@gmail.com or/also follow us on Twitter @TheEi8hts

## **Concessions**

Concessions will be available at the field. Concessions Include: Hot Dogs, Popcorn, Water, Pop, Sport Drinks, Candy, and Snacks.

# **Seating**

Bleacher seating is available on a first-come, first-serve basis. Personal seats (lawn chairs) are acceptable, but limited to the bleacher area. Only registered players, coaches & Eights Staff will be permitted on the playing field at any time.

#### **Awards**

Team shirts will be awarded to the Cup Champions.

#### **Admission**

Free to all who want to watch.

## **Schedule**

Week of 6/8	2 Games per team
Week of 6/15	2 Games per team
Week of 6/22	2 Games per team
Week of 6/29	2 Games per team
Week of 7/6	2 Games per team
Week of 7/13	2 Games per team
Week of 7/20	Tournament

# Coaches Please makes as many copies of this form as necessary

Player Information	Player Information
Name:	Name:
(Last Name) (First Name) (MI)	(Last Name) (First Name) (MI)
Ht: Wt: Age:	Ht: Wt: Age:
School:Grade:	School:Grade:
Address:	Address:
City:State:	City:State:
Phone:	Phone:
Email:	Email:
Parent/Guardian:	Parent/Guardian:
damages which may arise out of traveling to, participation in, or returning from the league. I also understand the league retains the right to use for publicity and advertising purposes photographs and video of players taken during the league. I (we) understand any player who does not abide by league rules may be dismissed from the league with no refund.  In the event of illness or injury, I (we) will be responsible for any medical and other charges in connection with my son's playing in this league (if there are any restrictions on his participation please explain on separate sheet.) I (we) certify that my son is covered by medical insurance. If medical attention is required for injury or illness while at	Release Form: In consideration at the acceptance of this application for registration, I (we) waive and release any and all rights and claims for damages against Nicholas Bratt, Omaha Burke, Omaha Public Schools, or its representatives and/or assignees, for any and all damages which may arise out of traveling to, participation in, or returning from the league. I also understand the league retains the right to use for publicity and advertising purposes photographs and video of players taken during the league. I (we) understand any player who does not abide by league rules may be dismissed from the league with no refund.  In the event of illness or injury, I (we) will be responsible for any medical and other charges in connection with my son's playing in this league (if there are any restrictions on his participation please explain on separate sheet.) I (we) certify that my son is covered by medical insurance. If medical attention is required for injury or illness while at the league, I give my permission for such medical care.
Parent/Guardian Signature:	Parent/Guardian Signature:
Date:	Date:
Player Signature:	Player Signature:
Date:	Date:
Medical Insurance Company:	Medical Insurance Company:
Policy Number:	Policy Number: