

2017 – 2018

Session “1” Winter 6v6 Indoor Recreational Soccer League



League Information:

- ❖ Minimum 8 game season
- ❖ Minimum of 9 players / Maximum of 11 players per team
- ❖ 40 minutes game (2 – 20 minute halves)
- ❖ Games will be played Saturday afternoons/early evenings
- ❖ No Practices will be held
- ❖ Games begin – Saturday, Nov. 11, 2017 & will end Saturday, Jan. 13, 2018
- ❖ Each player will receive a T-Shirt

Leagues Offered:

- 10U – Born 2008
- 9U – Born 2009
- 8U – Born 2010
- 7U – Born 2011

(Divisions will be Co-Ed – Divisions may be mixed)

League Location:

GameTime Training Center
530 Quality Blvd # C
Fairfield, OH 45014



Registration Information:

Guaranteed Placement Registration Deadline: Friday, October 27 Online or Postmarked Tuesday, October 24
Register online at: www.lakotasports.org (Registration Fee Online: \$75.00 / Mail-in Fee: \$80.00)
After Oct. 27, 2017 a late fee of \$10.00 will be added.

Register Online at: www.lakotasports.org

Mail application with payment to: LSO Winter League, PO Box 212 West Chester, OH 45071

For more information contact: execadmin@lakotasports.org

2017 - 2018 Session 1 Winter 6v6 Soccer League Player Registration

First Name: _____ Last Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Birth date: _____ Email: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Please Check T-shirt Size: __YS __YM __YL __AS __AM __AL __AXL

I would like to play with the following individuals:
(A player may request to play with 2 other player) _____

Volunteer Coaches Needed: Name: _____ Contact #: _____

Liability/Medical Release:

I hereby release & discharge the **Lakota Sports Organization (LSO) / GameTime Training Center** its members, coaches, sponsors & representatives from any and all obligations and/or liability resulting from accidents, injuries, or otherwise occurring as a result of my child's participation in or attendance at any LSO activity. In the event my child becomes ill or injured during any LSO activity, its members, coaches, and representatives have my permission to have reasonable adequate medical services provided to my child, including transportation to an appropriate emergency medical facility.

Parent/Guardian Signature: _____ Date: _____

League Use Only: Payment: Date: _____ Check _____ Cash _____ Check # _____ Amt. Paid \$ _____ Rec. By _____