



Flag Football

2018 Spring Registration Form

flagfootball@lakotasports.org

A member of



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TO REGISTER

- **online** – Register at: www.lakotasports.org
- **mail-in** – Mail your completed, signed form with payment to:
Lakota Sports Organization, P.O. Box 212, West Chester, OH 45071



Division / Ages (as of 9/1/17)	Paper thru 7/15/17	Fee per Child	
		Online thru 7/15/17	After 7/15/17
5, 6-7, 8-9, 10-11	\$80	\$85	add \$25

6 Games, played on Sundays (4/15/18 to 6/3/18) Practices begin the week of 3/19/18

Maximum Family Rate: For four or more children during a LSO sport season
See www.lakotasports.org for rebate details and full Refund Policy

Please fill out completely and sign. Forms will be returned if not fully completed or if payment amount is incorrect.

Player Information			Birth Date			Shirt YS, YM, YL AS, AM, AL, AXL	# of seasons played	Comments?	
First Name	Last Name	Division	Sex	MM	DD				YY
			M / F						
Grade:		School:							

Family Information		<input type="checkbox"/> Please mark if you are new to LSO		<input type="checkbox"/> Please update address / phone / email	
Father / Step Father / Guardian:		Phone:		Cell1:	
Mother / Step Mother / Guardian:		Email:			
Address:		City:		Zip Code:	
Emergency Contact / Phone Number / Other::					

VOLUNTEERING IS REQUIRED BY EACH FAMILY

Head Coach <input type="checkbox"/> Request to coach with:	Asst. Coach <input type="checkbox"/> Request to coach with:	Referee <input type="checkbox"/>	Snack Coordinator <input type="checkbox"/>	Photographer <input type="checkbox"/>	Other <input type="checkbox"/>
Team Sponsor <input type="checkbox"/> Company Name: _____		Contact Name and Phone: _____			Board Member <input type="checkbox"/>
Please complete a Sponsor Contract located under "Registration and Forms" at www.lakotasports.org .					

Liability/Medical Release:
I hereby release and discharge the **Lakota Sports Organization (LSO)**, its members, coaches, sponsors and 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. I also acknowledge reading and agreeing to the NFL Flag Player Registration Agreement that can be found at LSO's website.

Parent/Player Code of Conduct:
My entire family agrees to abide by LSO's Parent / Player Code of Conduct and to be held accountable for any violation of such code. (See lakotasports.org for complete LSO's Parent / Player Code of Conduct.)

Parent/Guardian Signature Date

Lakota Sports Organization
PO Box 212 – West Chester, OH 45071
www.lakotasports.org – (513) 684-4944

Parent/Guardian Signature Date

Payment Options

Check – made payable to LSO:

Amount: \$ _____ Ck. # _____

A \$20 service fee will be charged for returned checks.

Credit Card (select one): Visa MasterCard

Amount: \$ _____ Date: _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Signature: _____

This material was prepared by Lakota Sports Organization and is not sponsored or endorsed by the Lakota Local School District or any Lakota Local School.