



2018 - 2019 Hot Shots Winter 3v3 Indoor - Session 1

Hots Soccer League Information:

- ❖ Minimum 7 Training / Play Sessions per season – 8 sessions scheduled
- ❖ Minimum of 5 players / Maximum of 6 players per team
- ❖ Training / game sessions will be held on Saturdays
- ❖ Each week will include a 30 minute training session, follow by a 15 game period
- ❖ Games begin – Saturday, November 3 & will end Saturday, January 12, 2019
- ❖ Training and play sessions will be led by trainers.
- ❖ Each player will receive a T-Shirt



League Offered to:

Boys and girls born between:
April 30, 2016 – October 1, 2014
(Divisions will be Co-Ed)

League Location:

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

Registration Information:

Online Registration Deadline: Wednesday, October 24, 2018
Register online at: www.lakotasports.org (Online Registration Fee: \$ 80.00)

Mail application with payment to: (Mail-in Registration Fee: \$85.00)

LSO Winter League, PO Box 212 West Chester, OH 45071

For more information contact: execadmin@lakotasports.org

2018- 2019 Hot Shots Winter 3v3 Soccer Session 1 Player Registration

First Name: _____ Last Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Birth date: _____ Email: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Circle T-shirt Size: YS YM YL

I would like to play with the following individual:

(A player may request to play with 1 other player) _____

Volunteer Coaches Needed: Name: _____ Contact #: _____

Liability/Medical Release:

I hereby release & discharge the **Lakota Sports Organization (LSO)** 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 _____