

# 2019 Hot Shots Co-ed Soccer Winter Indoor - Session 2



## Hots Soccer League Information:

- ❖ 8 Training / Play sessions scheduled per season - Minimum 7 sessions guaranteed
- ❖ Minimum of 5 players / Maximum of 6 players per team
- ❖ Training / Play sessions will be held on Saturday mornings
- ❖ Each week will include a 30-minute Training session, follow by a 15-minute Play period
- ❖ Sessions begin – Saturday, January 19, 2019 & will end Saturday, March 9, 2019
- ❖ Training and Play sessions led by LSO 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: Monday, January 7, 2019  
Register online at: [www.lakotasports.org](http://www.lakotasports.org) Online Registration Fee: \$ 80.00 / Mail-in Registration Fee: \$85.00,  
Mail in Registration must be post marked Friday, January 4, 2019  
After Monday, January 7, 2019 a late fee of \$10.00 will be added

## Mail application with payment to:

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

**For more information contact: [execadmin@lakotasports.org](mailto:execadmin@lakotasports.org)**

## 2018- 2019 Hot Shots Co-ed Winter Soccer Session 2 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 \_\_\_\_\_