



RECREATIONAL SOCCER

Soccer@lakotasports.org
SPRING 2019 REGISTRATION FORM

TO REGISTER

- **Online** – Visit www.lakotasports.org
- **Mail-in** – Mail your completed, signed form with payment (see payment options on back) to:

Lakota Sports Organization
P.O. Box 212
West Chester, OH 45071

**Guaranteed Placement Registration Deadline:
Monday, January 15, 2019**



| Contact: soccer@lakotasports.com | | Fee per Child | | |
|----------------------------------|-------------------|---------------------|--------------------|---------------|
| Division | Birthdates | Online thru 1/15/19 | Paper thru 1/15/19 | After 1/15/19 |
| Instructional (U6) | 1/1/13 – 3/1/15 | \$ 115.00 | \$ 120.00 | add \$25 |
| Passers (U8) | 1/1/11 – 12/31/12 | \$ 115.00 | \$ 120.00 | add \$25 |
| Wings (U10) | 1/1/09 – 12/31/10 | \$ 120.00 | \$ 125.00 | add \$25 |
| Strikers (U12) | 1/1/07 – 12/31/08 | \$ 120.00 | \$ 125.00 | add \$25 |
| Kickers (U14) | 1/1/05 – 12/31/06 | \$ 125.00 | \$ 130.00 | add \$25 |
| Minors (U16) | 1/1/03 – 12/31/04 | \$ 125.00 | \$ 130.00 | add \$25 |
| Seniors (U19) | 1/1/00 – 12/31/02 | \$ 125.00 | \$ 130.00 | add \$25 |

Maximum Family Rate: For four or more children, see www.lakotasports.org for rebate details

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

| Player(s) Information | | | | Birth Date | | | # of seasons played | Comments? |
|--|-----------|--|-------|--|----|-------------------------|---------------------|---|
| First Name | Last Name | Division | Sex | MM | DD | YY | | |
| | | | M / F | | | | | |
| Grade: | | School: | | | | | | |
| | | | 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: | | | | E-Mail: | | Cell: | | |
| Mother / Step Mother / Guardian: | | | | E-Mail: | | Cell: | | |
| Main Phone # (Home): | | | | | | | | |
| Address: | | | | City: | | | Zip Code: | |
| VOLUNTEERING IS REQUIRED BY EACH FAMILY SEE BACK OF FORM FOR A LIST OF OPTIONS | | | | | | | | |
| Head Coach <input type="checkbox"/> | | License Level (if any): | | Asst. Coach <input type="checkbox"/> | | License Level (if any): | | Other General Help <input type="checkbox"/> |
| Which Child(ren): | | | | Which Child(ren): | | | | Which Parent: |
| Which Parent: | | | | Which Parent: | | | | Particular talent: |
| Request to coach with: | | | | Request to coach with: | | | | |
| Team Sponsor <input type="checkbox"/> Company Name: _____ | | | | Phone / E-Mail: _____ | | | | Board Member <input type="checkbox"/> |
| Contact: _____ | | | | Please complete a Sponsor Contract located under "Sponsorship" at www.lakotasports.org . | | | | |
| QUESTIONS? VISIT OUR WEBSITE AT WWW.LAKOTASPORTS.ORG OR CALL THE HOTLINE 684-4944 | | | | | | | | |
| Liability/Medical Release: I hereby release & discharge the Lakota Sports Organization (LSO) , the Soccer Association for Youth (SAY) , the United States Youth Soccer Association (USYSA) , 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, SAY, or USYSA activity. In the event my child becomes ill or injured during any LSO, SAY, or USYSA 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. | | | | Players Playing Out of District: If you live in West Chester Township (45069 or 45071 zip codes) and wish to play soccer with the Lakota Sports Organization instead of the West Chester Soccer Club, please sign the space below. I consent to my child/children playing out of district. | | | | |
| _____ Parent/Guardian Signature | | | | _____ Date | | | | Pictures taken during games may be used for LSO's website and newsletter. |
| 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 back of registration form for LSO's Parent / Player Code of Conduct.) | | | | 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 back of registration form for LSO's Parent / Player Code of Conduct.) | | | | |
| _____ Parent/Guardian Signature | | | | _____ Date | | | | |

Parent / Player Code of Conduct

The following is taken from LSO's Parent / Player Code of Conduct which can be viewed on LSO's website.

- I will encourage good sportsmanship through my actions, by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sport event.
- I will treat all players, coaches, officials, parents and spectators with dignity in my language, attitude, behavior and mannerisms.
- I will demand a sports environment that is free of drugs, tobacco and alcohol and will refrain from their use at all youth sport events.
- I will respect all facilities and equipment made available by LSO or other organizations.
- I will be responsible to report to LSO any perceived misconduct by a coach, a player, a parent or an official so it can be dealt with in the appropriate manner.

Specifically for parents/guardians:

- I will promote the emotional and physical well-being of my child ahead of a personal desire to win.
- I will remember that the game is for youths and not adults.
- I will do my very best to make youth sports fun for my child.

Soccer Notes

- SAY and LSO rules require a random draw for the formation of recreational teams.
- Only the head coach and one assistant coach will be able to exempt their children from the player draw.
- Players are not permitted to select either their coach or their sponsor, but may indicate not to be placed with a particular coach.
- Siblings will be assigned to the same team provided they are of the same age/sex divisions. The team drawing the older player will be automatically assigned to the younger sibling.
- Players may request to play up in the next older age division.
- No other special requests for team assignments will be honored. LSO offers no guarantee of team placement.
- Please see LSO Soccer Handbook for additional information which is available online.
- Practices start the first week of March, weather permitting. Games start mid-April. The season is 8 wks. ending in late May. There is not a tournament in the spring.

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: _____

Volunteer Options

LSO exists because of volunteers and every member of the community can play a role in making it a high-quality program.

Head Coach – Training will be made available by LSO either for free or for a nominal cost. All coaches are required to sign a Coach's Code of Conduct governing how they operate their team and how they manage the conduct of their team players and parents. All coaches are also subject to a Criminal Background Check.

Assistant Coach – Better suited for those whose work has them traveling frequently or for those who are not quite as experienced in the sport. Training will be made available by LSO either for free or for a nominal cost. All coaches are required to sign a Coach's Code of Conduct governing how they operate their team and how they manage the conduct of their team players and parents. All coaches are also subject to a Criminal Background Check.

Other General Help – We are always in need of some of your time and talent for a variety of projects, big or small. Just let us know what your talent is.

Team Sponsor – Sponsorships for teams include a logo on each player's shirt, a photo plaque for display.
Cost is \$200 for each team.

Board Member – Each sport has a Board that is responsible for running that sport. Members include Assistant Commissioners, Division Coordinators, Referee/Umpire Coordinators, and Master Schedulers. All Board Members are also subject to a Criminal Background Check.

Referee – See website for information about referee classes.

Head and Assistant Coaches

LSO does not guarantee a coaching position nor does LSO guarantee coach placement. Coaches will be chosen by the Board of a specific sport.

Refund Policy

Registration fees are refundable in accordance with this policy:

- A full refund will be made if a child is withdrawn prior to team placement.
- A full refund will be made if a child remains on a waiting list or we are otherwise unable to place the child on a team. No request for refund is necessary for these situations.
- Requests for refunds after team placement will be subject to a \$20 processing fee if a replacement child is available. If there is no replacement child, then there is a \$50 processing fee.
- Requests for refunds made after the beginning of the game season cannot be honored.
- For fall soccer registration only: Due to formation of select soccer teams about the same time as the team placement date for fall recreation soccer in late spring, LSO recommends you wait to register your child in fall recreation soccer until after select soccer placement. If your child is registered for fall recreation soccer and then a request for refund is made due to select team placement, there will be a \$50 processing fee regardless if there is a replacement child or not. (Please see website for dates.) The reason for this fee is the large number of refunds received after trying to determine number of teams and coaches for fall recreation soccer.

Requests for refunds can be completed online at www.lakotasports.org under REFUND or in writing to LSO ATTN: Executive Administrator – PO Box 212 – West Chester, OH 45071. Refunds will be credited in the same format registration payment was made. If mailed, please include name of child, sport, date of birth, address, phone number, name of person to whom the refund check should be written (if child was registered by check) and reason for requested refund.