



2018 – 2019
Winter 3v3 Indoor - Session 2
Recreational Soccer League

League Information:

- Games begin – Tuesday, January 15, 2019 & will end Tuesday March 5, 2019
8 game season - 7 games guaranteed- Games will be played between 6:30pm to 8:30pm
Minimum of 5 players / Maximum of 6 players per team
Each game 1 – 40 minutes per game period
Games will be played Tuesday’s EVENINGS (No Practices will be held)
Each player will receive a league shirt
Game Times:
o 6:30 to 7:10 pm - The youngest middle age group,
o 7:10 to 7:50 pm - The middle age group
o 7:50 to 8:30 pm - The oldest age group



Leagues Offered: (Based on current level of play)

Open to boys and girls born
Between 7/31/2013 to 1/1/2008

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

League Location:

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

Registration Information:

Register online at: www.lakotasports.org (Registration Fee Online: \$80.00 / Mail-in Fee: \$85.00)

Guaranteed Placement Deadline: Friday, January 4, 2019 Online or Postmarked by Wednesday, January 2, 2019
After Friday, January 4, 2019 a late fee of \$10.00 will be added

Mail application & payment to: LSO Winter Soccer, PO Box 212 West Chester, OH 45071

For more information contact: execadmin@lakotasports.org

2018 - 2019 Session 2 Winter 3v3 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:

Circle T-shirt Size: YS YM YL AS AM AL AXL

PLAYING EXPERIENCE (Very Important, check highest level competed in)

Competitive # of year’s Recreation League # of year’s

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

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.