

# 2018 – 2019 Session “1” Winter 6v6 Indoor Recreational Soccer League



**League Information:**

- ❖ Minimum 8 game season
- ❖ Minimum of 9 players / Maximum of 11 players per team
- ❖ 40 minutes game (2 – 20 minute halves)
- ❖ Games will be played Saturday afternoons/early evenings
- ❖ No Practices will be held
- ❖ Games begin – Saturday, Nov. 3, 2018 & will end Saturday, Jan. 12, 2019
- ❖ Each player will receive a T-Shirt

**Leagues Offered:**

Open to Boys and Girls  
Born between 12/31/2011 to 10/1/2007  
*(Divisions will be Co-Ed – Divisions may be mixed)*

**League Location:**

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



**Registration Information:**

Guaranteed Placement Registration Deadline:  
Friday, October 26, 2018 Online or Postmarked by Friday, Oct. 26, 2018

Register online at: [www.lakotasports.org](http://www.lakotasports.org) (Registration Fee Online: \$80.00 / Mail-in Fee: \$80.00)  
After Oct. 26, 2018 a late fee of \$10.00 will be added.

**Register Online at:** [www.lakotasports.org](http://www.lakotasports.org)  
**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 Session 1 Winter 6v6 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: \_\_\_\_\_

Please Check T-shirt Size:    \_\_YS   \_\_YM   \_\_YL   \_\_AS   \_\_AM   \_\_AL   \_\_AXL

I would like to play with the following individuals:  
(A player may request to play with 2 other player) \_\_\_\_\_

Volunteer Coaches Needed: Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Liability/Medical Release:**

I hereby release & discharge the **Lakota Sports Organization (LSO) / GameTime Training Center** 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 \_\_\_\_\_