



2019 Winter 6v6 Indoor Soccer League Session 2



League Information:

- ❖ 8 game season maximum, 7 games minimum (Weather)
- ❖ 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 played – Saturday, January 19, 2019 through Saturday, Mar. 9, 2019
- ❖ Each player will receive a T-Shirt

Leagues Offered:

10U – Born 2008
 9U – Born 2009
 8U – Born 2010
 7U – Born 2011

(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: Monday, January 7, 2019 Online (Postmarked by Friday Jan. 4, 2019)

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

After Monday, January 7, 2019 a late fee of \$10.00 will be added.

Register Online at: 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

2019 Winter 6v6 Soccer League Player Registration - Session 2

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 _____

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.