



# 2018 Hot Shots Winter 3v3 Indoor - Session 2

### Hots Soccer League Information:

- ❖ 8 trainings / games scheduled - minimum 7 trainings games (weather)
- ❖ Minimum of 5 players / Maximum of 6 players per team
- ❖ Training / game sessions will be held on Saturdays
- ❖ Each week will include a 20 minute training session, follow by a 25 game period
- ❖ Games begin – Saturday, January 20, 2018 & will end Saturday, March 10, 2018
- ❖ Training sessions and game will be led by trainers.
- ❖ Each player will receive a T-Shirt



#### League Offered to:

Boys and girls born between:  
April 30, 2014 – January 1, 2013  
*(Divisions will be Co-Ed)*

#### League Location:

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

#### **Registration Information:**

Registration Deadline: Friday, January 5, 2018 Online (Postmarked January 3, 2018)  
Register online at: [www.lakotasports.org](http://www.lakotasports.org) (Online Registration Fee: \$ 75.00)  
After January 5, 2018 a late fee of \$10.00 will be added.

Mail application with payment to: (Mail-in Registration Fee: \$80.00)  
LSO Winter League, PO Box 212 West Chester, OH 45071  
**For more information contact: [execadmin@lakotasports.org](mailto:execadmin@lakotasports.org)**

### *2018 Hot Shots Winter 3v3 Soccer "League 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 \_\_\_\_\_