



## Fall 2011 Registration

LSA offers one adult soccer league, coed 11 v 11. All players must pay \$20 Insurance and register annually (Sep through Aug) with the US Adult Soccer Association (USASA) for insurance and sanctioning purposes. All players must be 18 or older. All games will be played at the 10<sup>th</sup> Street Park Complex (West of Warren Middle School).

Please patronize our generous sponsors:

- Maximus
- Storage Box
- St. John Hospital
- Rock of Ages Church
- 1<sup>st</sup> Presbyterian Church
- Santa Fe Bike

### 11 v 11 (Coed)

- A team consists of a minimum of 15 players, 9 males per team on field at a time includes goalkeeper
- Games will be played on Sundays. First game will start Sunday, August 28th, 2011.
- 5 game minimum (weather permitting), playoff at the end of the season.
- Game Duration: 2 - 35 minute halves, Games played on U-13+ sized field

### Player Information

Name (Please Print): \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Fees and Team Information (\*at least one player registration/payment per team needs to be turned in at least one week prior to the season beginning to secure your team slot on the Fall schedule):**

Fee / League Type	Team Information
_____ 11v11 \$50	Team _____ Coach: _____ (Leave blank if no preference) _____ Check here if would like to be a representative / captain / coach for players without a team
\$20.00 USASA Fee	Fee covers USASA membership, league fees, and insurance for the Fall 2010 & Spring 2011 seasons
_____ Total Enclosed	_____

### **INJURY WAIVER:**

I am participating in the Adult Soccer League recreational activity. I assume all risks incidental to the conduct of the activity. I do further release, absolve, indemnify, and hold harmless, the Leavenworth Soccer Association and the Adult Soccer League, the sponsors and supervisors, any or all of them. In case of injury to myself, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed to them. I likewise release from responsibility any person transporting myself to or from activities, or to and from medical attention or aid.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ Contacts for more information:

Adult League Coordinator, Lou Klemp Home: 913-727-3868 Cell: 612-384-0327 Co Coordinators: Donny Jackson (DJ): 913-306-0676  
Leif Sanford: 913-683-8910