





The objective of this program is to provide an opportunity for children to play indoor soccer in an organized, recreational setting. Our emphasis is on teaching the values of good sportsmanship, teamwork, goal setting and skill development in a fun and safe atmosphere. Please be sure to indicate player's grade during the 2024-25 school year.

Teams and Leagues will be formed by current grade during the 2024-25 school year.

- **TEAMS** will be coached by volunteer coaches, mostly parent volunteers. Not all teams will be made up of children exclusively from the same school. Team assignments depend a great deal on volunteer coaches and the school their child attends.
- **PRACTICES** begin the week of January 20th. One 50 minute practice/week will be determined by the coach.
- GAMES will be held on the indoor turf fields at Sports Pavilion Lawrence on Saturdays between 9am-6pm. Games will be played **February 1**st – **March 15**th.
- **ALL** age groups will be coed leagues.

K-4th: \$55

5th-6th: \$65

Add \$15 after the deadline

Participation Fee:

K-4th: \$55 5th-6th: \$65

> Add \$15 after the deadline (1/5/25)

Checks payable to LPRD Game shirts will be provided No refunds after practices have started

Scholarship applications available online at www.lprd.org or Sports Pavilion Lawrence®, 100 Rock Chalk Lane.

2025 WINTER YOUTH SOCCER REGISTRATION

Registration Options

- Register online at www.lprd.org
- In person at a LPRD office

ed

Sunday, January 5 th Please indicate league (circle):	K 1 st /2 nd	$3^{\mathrm{rd}}/4^{\mathrm{th}}$	5 th /6 th			1 I stration		Chalk La , KS 660 <u>d to be h</u> a	ane
Player's name:(one child per form)	Last		First						
(one child per form)	Last		гия						
			Phone #:						
Street		City		Zip					
Email:		M/F	Grade: (2024-2025 school year)				thdate:		
School Attending:			T-Shirt Size (cir	cle): YS	YM	YL	AS	AM	AL
Name <i>ONE</i> friend you would like to be We will do our best to place your child Some schools may not have all their cla	on a team with the CLA	ISSMATE liste	d above (friend must be re			hool: _			
Participant's Parent/Guardian N I consent to my child's participation in the La condition and will follow all Lawrence Parks	wrence Parks & Recreation	n sponsored Youtl	h Sports Program. I recognize	there may be po	tential hazards	in this ac	tivity. He/she	is in good ph	ıysical
Parent or Guardian Signature: _				Date:					
Parent Vol	unteer Coaches	Needed!!!!	! (head coaches on	lv)			Off	ice Only:	

Parent Volunteer Coaches Needed!!!!! (head coaches only) I wish to be considered as a head coach for my child's soccer team: (deduct \$10 if you sign up PRIOR to deadline) Please note: Not ALL who sign up to coach will be given a team! There may be several people who are assigned to one team as co-coaches.								
1								

CODE: #124600

SECTION (circle):

 $K: \underline{A} \mid 1^{st}/2^{nd}: \underline{B} \mid 3^{rd}/4^{th}: \underline{D} \mid 5^{th}/6^{th}: \underline{F}$ Cash/CC____ Check # __ Date: Rec. by: Location: