



TEAM REGISTRATION

REQUIRED INFORMATION

PLEASE PRINT

Team Name _____ **Please circle:** Male Female Coed
Age Group: Adult Youth (indicate age, i.e. U12) _____ **Division:** Recreational Competitive
Sport: Soccer **Season:** Mini S1 S2 S3
Hitting League

TEAM CONTACT

First contact (Manager/Coach): _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

Second contact: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

SPECIAL REQUESTS/CONFLICTS

Please indicate any special requests or scheduling conflicts, including outdoor games, holidays, school breaks, or requested hours of play. LISA will do its best to honor scheduling conflicts, but cannot make guarantees.

IMPORTANT INFORMATION

- Schedules are posted on our website; it is necessary that each team have at least one player with website access.
- A team roster is due prior to the first game. Teams/players may not compete until these forms are submitted.
- Team rosters may be changed until the end of the third game, after which it is frozen. Teams that play with a non-registered player risk forfeiture of that match.
- If a roster check is requested and the team in question has not submitted one or has a non-registered player, an automatic forfeit will be given.
- The roster form has a disclaimer and waiver information. This must be provided to all team members by the team contact.
- Anyone guilty of referee dissent, verbal or otherwise, will automatically be ejected from the game and suspended for a minimum of one game. Additionally, the ejected player's team is subject to any suspension or disciplinary action LISA management deems fit.
- Anyone guilty of fighting on LISA property will be immediately suspended indefinitely, without refund, and may also be subject to any action deemed appropriate by the Lansing Police Department. The suspended player's team may also be subject to disciplinary sanctions, including expulsion from LISA.

A \$400 non-refundable deposit is due upon team registration. The team roster/waiver form is due by the team's first game. Team balance is due by the team's first game. Failure to submit full payment by this date will result in a \$50 late fee. As team contact, I understand that I am responsible for submitting the team roster and full on-time payment of my team's fees. I have read this entire form and agree to disclose the information to my team.

Signed: _____ Date: _____

PAYMENT INFORMATION

Please send this form, with payment, to: LISA • 5849 Enterprise Dr. • Lansing, MI 48911 • (517) 882-9883

Amount enclosed: \$ _____ Cash Check Mastercard VISA Check Number: _____

Credit Card Number: _____ Exp Mon/Year: _____ Zip Code: _____

Signature: _____