



**LONGEVITY HOLIDAY CLASSIC-LAS VEGAS**  
**December 28 - 30, 2012**

**Team Registration Form**

**Team Name:** \_\_\_\_\_ **Team Age:** \_\_\_\_\_

**Coach/Manger:** \_\_\_\_\_ **Division:** Mens Womens COED

**Phone #** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**I agree to the following:**

1. I will abide by the league and LSC rules and code of conduct with my team.
2. I will discourage rough play and unsportsmanlike conduct.
3. All fees are non-refundable.
4. I understand that there must be a minimum of 8 registered players to form this team.
5. All players are required to have a valid membership to participate.
6. I will not be in possession of or participate under the influence of drugs or alcohol.
9. All league decision as well as LSC rulings are final.
11. Teams and or players receiving suspensions, red cards, or injuries for any reason are not eligible for refunds.
12. I understand that LSC does not provide insurance for anyone in case of injury.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LSC. 5975 Topaz St. LV, NV 89120**  
**Tel: (702) 435-7000 Fax: (702) 435-4786**