



LONGEVITY TURKEY CUP
YOUTH INDOOR SOCCER TOURNAMENT

First Annual Longevity Turkey Cup
November 23rd – November 25th, 2012

Team Registration Form

Team Name: _____ **Team Age:** _____

Coach/Manger: _____ **Division:** BOY GIRL COED

Phone # _____ **E-mail:** _____

Would you prefer to play: ___Your Age Group ___One Level Up

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:** _____

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