



# Lee's Summit Soccer Association

**For acceptance, please mail this form (3 pages) along with your check to: LSSA Competitive Commissioner, 705B SE Melody Lane, PMB 303, Lee's Summit, MO 64063. You must also include a copy of your team's official state roster with your application. Any roster changes before or during the season must be promptly provided to the Commissioner at the above address or emailed to [Tony.LaRose@Verizonwireless.com](mailto:Tony.LaRose@Verizonwireless.com). Thank you.**

## **Fall 2010 Competitive Team Registration Form**

**The deadline for submitting your Application on time is July 22, 2010.**

**Make all checks payable to: "Lee's Summit Soccer Association."**

Team Name: \_\_\_\_\_ Team Name from Previous Season: \_\_\_\_\_

Team Age (actual): \_\_\_\_\_ (Your Team's Age is determined by the team's oldest player. Please list it per the following example: BU10. )

Division of Play Requested for the KC Metro League Fall 2010 Season such as Gu12-A \_\_\_\_\_

Club Affiliation: \_\_\_\_\_

Prior Season Club Affiliation: \_\_\_\_\_

A limited number of teams will be accepted, subject to field availability & other considerations. Any Refund Requests received after August 6<sup>th</sup> may be charged a \$200 Refund Request Fee. Game schedules should be posted to the KC Metro League site by August 20<sup>th</sup>. If you are registering as a coach, or manager, you agree that your personal contact information such as a phone number and email address may be published on the scheduling website so that other teams can contact you directly to reschedule games when necessary. For more information about the KC Metro League check the website at [www.kcmetroleague.com](http://www.kcmetroleague.com) or [www.lssa.org](http://www.lssa.org).

<b>Fall 2010 Fees:</b>	
<b><u>Submit the amount below that corresponds with your team's age group when you submit your Team Registration Form &amp; Team Roster.</u></b>	
U8-\$500.00	U13-\$800.00
U9-\$600.00	U14-\$800.00
U10-\$600.00	U15-\$800.00
U11-\$600.00	U16-\$800.00
U12-\$600.00	U17-\$800.00
U18-\$800.00	H.S.-\$800.00

Primary Team Contact Name/Position: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Team Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Fall 2010 Team Registration Form

Team Name/Age and gender: \_\_\_\_\_

Team 2<sup>nd</sup> Asst Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

**SCHEDULING REQUESTS:**

Write in the specific times for the below available dates your team ***CAN NOT PLAY!***

*\*You may ONLY list up to 7 dates as dates that you CAN NOT play.*

- \_\_\_\_\_ Saturday, August 28<sup>th</sup>
- \_\_\_\_\_ Sunday, August 29<sup>th</sup>
- \_\_\_\_\_ (no games) \_\_\_\_\_ Saturday, September 4<sup>th</sup>
- \_\_\_\_\_ (no games) \_\_\_\_\_ Sunday, September 5<sup>th</sup>
- \_\_\_\_\_ Saturday, September 11<sup>th</sup>
- \_\_\_\_\_ Sunday, September 12<sup>th</sup>
- \_\_\_\_\_ Saturday, September 18<sup>th</sup>
- \_\_\_\_\_ Sunday, September 19<sup>th</sup>
- \_\_\_\_\_ Saturday, September 25<sup>th</sup>
- \_\_\_\_\_ Sunday, September 26<sup>th</sup>
- \_\_\_\_\_ Saturday, October 2<sup>nd</sup>
- \_\_\_\_\_ Sunday, October 3<sup>rd</sup>
- \_\_\_\_\_ Saturday, October 9<sup>th</sup>
- \_\_\_\_\_ Sunday, October 10<sup>th</sup>
- \_\_\_\_\_ Saturday, October 16<sup>th</sup>
- \_\_\_\_\_ Sunday, October 17<sup>th</sup>
- \_\_\_\_\_ Saturday, October 23<sup>rd</sup>
- \_\_\_\_\_ Sunday, October 24<sup>th</sup>
- \_\_\_\_\_ Saturday, October 30<sup>th</sup>
- \_\_\_\_\_ Sunday, October 31<sup>st</sup>
- \_\_\_\_\_ Saturday, November 6<sup>th</sup>
- \_\_\_\_\_ Sunday, November 7<sup>th</sup>

**Additional Scheduling or Other information that might be helpful (coaching multiple teams):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall 2010 Team Registration Form

**Team Registration Form:**

In order for your application to be accepted, your Team Registration Form must be submitted to and approved by the Commissioner and you must meet all other requirements. All information on the Team Registration Form must be completed. Your Form and Payment should be mailed to:  
Attn: LSSA Competitive Commissioner, 705B SE Melody Lane, PMB 303, Lee's Summit, MO 64063.

**Scheduling:**

Every effort is made to allow adequate time between games for coaches that are listed as the head coach on multiple teams. Therefore it should not be necessary for teams to list blackout requests in order to attempt to minimize coaching conflicts. (There may always be exceptions.)  
Blackout dates and time requests must be submitted by August 7<sup>th</sup>.

**Referee Reschedule Fee:**

A \$125 Referee Reschedule Fee will be charged for any game cancellations or reschedule requests received after Wednesday at noon of the week that you have a game on either that Saturday or Sunday. Weeknight game cancellation or reschedule requests will be assessed on a case by case basis with regard to whether the Referee Reschedule Fee will be charged. All Referee Reschedule Fees must be paid prior to the corresponding game being rescheduled.

**Forms Needed:**

Forms needed consist of but are not limited to Membership Form, Medical Release and Liability Waiver, Birth Certificate, 1x1 picture for Player Card and Coach Card, Dual Roster Request Form (if applicable), Out of State Permission Form (if applicable). Other Forms may be required. If you need assistance, please contact the Registrar at LSSA at [lssaregistrar@juno.com](mailto:lssaregistrar@juno.com). The required forms can be found at either <http://www.mysa.org> or [www.lssa.org](http://www.lssa.org).

**Weeknight Rescheduling Fee:**

An additional Fee in the amount of \$25 may be assessed for weeknight reschedule requests. Weeknight Reschedule Requests MUST be approved by the Commissioner. The Weeknight Reschedule Fee must be paid prior to the corresponding game being scheduled. Initially the amount of the fee will be \$25 per game. LSSA reserves the right to charge an amount above \$25 and up to \$125 per game for weeknight reschedule requests. These fees are being charged to compensate for an increase in referee compensation, janitorial services and other expenses.

**By submitting this application, I state that I have read and understand the Rules and Obligations outlined above, and that I have read the Rules of Play posted on the KC Metro website <http://www.kcmetroleague.com> and any Rules posted at [www.lssa.org](http://www.lssa.org).**

\_\_\_\_\_  
(Coach or Manager – please print name)

\_\_\_\_\_  
(Team Name and Age Group)

\_\_\_\_\_  
(Coach or Manager - signature)

\_\_\_\_\_  
(Date)