



YOUTH INDOOR SOCCER LEAGUE

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 2025-26 school year.

Teams and Leagues will be formed by current grade during the 2025-26 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 **January 31st – March 7th**.
- **ALL** age groups will be coed leagues.

Participation Fee:

K-4th: \$55

5th-6th: \$65

**Add \$15 after
the deadline (1/2/26)**

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.

K-4th: \$55

5th-6th: \$65

Add \$15 after the deadline

Registration Deadline:

Sunday, January 5th

2026 WINTER YOUTH SOCCER REGISTRATION

Registration Options

- Register online at www.lprd.org
- In person at a LPRD office
- Mail to: Sports Pavilion Lawrence
100 Rock Chalk Lane
Lawrence, KS 66049

*Late registration will need to be hand delivered
to Sports Pavilion Lawrence*

Please indicate league (circle): **K** **1st/2nd** **3rd/4th** **5th/6th**

Player's name: _____
(one child per form) Last First

Address: _____ Phone #: _____
 Street City Zip

Email: _____ M/F _____ Grade: (2024-2025 school year) _____ Birthdate: _____

School Attending: _____ T-Shirt Size (circle): **YS** **YM** **YL** **AS** **AM** **AL**

Name **ONE** friend you would like to be placed on a team with (first & last name): _____ School: _____

*We will do our best to place your child on a team with **the CLASSMATE** listed above (friend must be registered by the deadline).*

Some schools may not have all their classmates on the same team. No refunds after practices begin.

Participant's Parent/Guardian Name(s): Guardian (1): _____ Guardian (2): _____

I consent to my child's participation in the Lawrence Parks & Recreation sponsored Youth Sports Program. I recognize there may be potential hazards in this activity. He/she is in good physical condition and will follow all Lawrence Parks & Recreation rules and regulations. I also consent to the use of my child's photo in publicity material for the Lawrence Parks & Recreation Department.

Parent or Guardian Signature: _____ Date: _____

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.

Coach's Name: _____ Cell phone# _____

Email address: _____ I coached last year: _____

Office Only:

CODE: #124600

SECTION (circle):

K: A | 1st/2nd: B | 3rd/4th: D | 5th/6th: F

Cash/CC _____ Check # _____

Date: _____ Rec. by: _____

Location: _____