



# REGISTRATION FORM

**REGISTRATION FEE - \$75.00**

Games begin February 24, 2018

www.iberiasoccer.com  
337-364-8200

LATE FEE: Registrations received after 02/10/18: \$15.00  
Players will only be placed upon team availability.

SPRING 2018

Registration Fee includes 6 Games and Home and Away Jerseys  
(Player must provide black shorts, socks and shin guards).

Player's Name \_\_\_\_\_ Player's Date of Birth \_\_\_\_\_

Player's Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ 2017/2018 School Attending \_\_\_\_\_

Jersey Size\* Youth (XS, S, M, L) \_\_\_\_\_ or Adult (S, M, L, XL, XXL) \_\_\_\_\_

\*We try our best to accommodate Jersey Size selected but size is not guaranteed.

### PRIMARY CONTACT

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Player \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### SECONDARY CONTACT

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship to Player \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

LIST MEDICAL PROBLEMS/PROHIBITIONS THE PLAYER HAS (MEDICAL /PHYSICAL) \_\_\_\_\_

VOLUNTEER SUPPORT: COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_ TEAM PARENT \_\_\_\_\_

FIELD MAINTENANCE \_\_\_\_\_ TEAM SPONSOR \_\_\_\_\_ LEAGUE VOLUNTEER \_\_\_\_\_

### **PARENTAL AUTHORIZATION / RELEASE**

I, the parent/guardian of the registrant, a minor, agree that I and the player will abide by the rules and regulations of the Louisiana and Iberia Soccer Associations, and its sponsors. In consideration for the player's participation in the soccer programs and activities of the LSA and ISA, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the LSA and ISA parties, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the programs, including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the LSA and ISA parties the right to use the player's name, pictures and/or likeness in printed, broadcast, internet, web pages and other material covering the programs provided such use is related to the player's status as a participant in the soccer programs.

Print Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

### **CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

### **Eligible Player Birth Years: 2013 - 1999**

Must Submit: Registration Form and Registration Fee - Birth Certificate may be requested to verify player age.

FAMILY DISCOUNT (After Two Children Each Additional Player Will Receive A \$20 Discount)

**\*\*REGISTRATION FEES ARE NON-REFUNDABLE\*\***

Mail Completed Forms with Check, Money Order or Credit Card Authorization to:  
Iberia Soccer Association | PO Box 10241 | New Iberia, LA | 70562-0241