



HIGH SCHOOL PLAYER REGISTRATION FORM

\$25.00 PER PLAYER

www.iberiasoccer.com

337-364-8200

Eligible Players: Players in the 9th - 12th Grade in the 2020/2021 School year.

Training Sessions at least twice a week and Pick Up Games

Player's Name _____

Player's Address _____ CITY _____ ZIP _____

Player's Date of Birth _____ MALE _____ FEMALE _____

Phone Number: _____ Email Address: _____

High School Attending _____ Grade _____

PRIMARY CONTACT (CIRCLE) FATHER or MOTHER

Father's Name _____

Mother's Name _____

Cell Phone _____

Cell Phone _____

Other Phone _____

Other Phone _____

E-Mail _____

E-Mail _____

LIST MEDICAL PROBLEMS/PROHIBITIONS THE PLAYER HAS (MEDICAL /PHYSICAL) _____

HOSPITAL IN CASE OF EMERGENCY _____

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 _____

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