



SUMMER 8V8 LEAGUE REGISTRATION FORM

\$25.00 PER PLAYER

www.iberiasoccer.com

337-364-8200

Eligible Players: Attending High School (9th – 12th Grades) in the 2017/2018 School year and at least 13 years of age are eligible to play.

6 GAMES BEGINNING THE WEEK OF JUNE 8TH REGISTRATION DEADLINE IS 06/01/2017

Player's Name _____

Player's Address _____ CITY _____ ZIP _____

Player's Date of Birth _____ MALE _____ FEMALE _____

High School Attending _____ Grade _____

Team Registering For: _____

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) _____

DOCTOR TO NOTIFY IN EMERGENCY _____ PHONE # _____

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 | P.O. Box 10241 | New Iberia, LA | 70562-0241



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____