



REGISTRATION FORM

REGISTRATION FEE - \$90.00

Games begin September 9, 2017

HEAD COACH DISCOUNT: 1/2 Player Registration Fee: \$45.00
Coach will be refunded once team formation is complete.

LATE FEE: Registrations received after 07/31/17: \$25.00
Players will only be placed upon team availability.

*Registration Fee includes 8 Games in Fall 2017 and 6 Games in Spring 2018.
Jerseys are paid by Team Sponsors and not included in Registration Fee.*

www.iberiasoccer.com
337-364-8200

FALL 2017
&
SPRING 2018

Player's Name _____ Player's Date of Birth _____

Player's Address _____ CITY _____ ZIP _____

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