



REGISTRATION FORM

Registration includes
8 FALL SEASON GAMES
& **6** SPRING SEASON GAMES

REGISTRATION FEE
\$80.00

Player's Name _____ Date of Birth _____

Player's Address _____ CITY _____ ZIP _____

Male _____ Female _____ 2019/2020 School Attending _____

Jersey Size** Youth (XS, S, M, L) _____ or Adult (S, M, L, XL, XXL) _____ (**Jersey Size selected 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 _____

MEDICAL ISSUES: _____

VOLUNTEER SUPPORT: COACH _____ ASST. COACH _____ TEAM SPONSOR _____

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.

Signature Parent/Guardian: _____ Date: _____

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 Parent/Guardian: _____ Date: _____

Eligible Player Birth Years: 2001 – 2015

(Birth Certificate may be requested to verify player age.)

FAMILY DISCOUNT: After Two Children Each Additional Player Will Receive A \$25 Discount.

HEAD COACH DISCOUNT: ½ Off Player Registration Fee: \$40.00. (Coach will be refunded once team formation is complete.)

LATE FEE: Registrations received after 8/9/19: \$20.00 (Players will only be placed upon team availability.)

Jerseys are paid by Team Sponsors and not included in Registration Fee.

****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