

# IBSA SOCCER REGISTRATION 2019

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

Parent's name(s) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

AHC No \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Shirt size \_\_\_\_\_ Shoe size (U8 and above) \_\_\_\_\_ Short size (U8 and above) \_\_\_\_\_

**Please also complete waiver portion of form on second page.**

U4	Born in 2014	\$ 65	_____	Jersey Deposit \$50	_____
U6	Born in 2012 or 2013	\$ 65	_____	Jersey Deposit \$50	_____
U8	Born in 2010 or 2011	\$ 70	_____	Jersey Deposit \$50	_____
U10	Born in 2008 or 2009	\$ 70	_____	Jersey Deposit \$50	_____
U12	Born in 2006 or 2007	\$ 95	_____	Jersey Deposit \$50	_____
U14	Born in 2004 or 2005	\$ 95	_____	Jersey Deposit \$50	_____
U16	Born in 2002 or 2003	\$ 95	_____	Jersey Deposit \$50	_____
U18	Born in 2000 or 2001	\$ 95	_____	Jersey Deposit \$50	_____

*Please make cheques payable to: IBSA or Irricana Beiseker Soccer Association*

## **SOCCER NEEDS YOU!!**

The IBSA program relies on parent volunteers to make a successful season.

What will you help with? Choose to help in the following areas by leaving your name and telephone numbers.

Please note: Teams will be canceled if no coaches are available.

Coach \_\_\_\_\_  
Assistant Coach \_\_\_\_\_  
Team Manager \_\_\_\_\_  
Board Member \_\_\_\_\_  
Ref Coordinator \_\_\_\_\_  
Fund Raising \_\_\_\_\_  
Equipment Manager \_\_\_\_\_  
Referee \_\_\_\_\_

-----OFFICE USE ONLY -----

Registration Paid in Full by: Cheque # \_\_\_\_\_ Cash

Uniform Deposit Paid by: Cheque # \_\_\_\_\_ Cash

Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_

**PLAYER WAIVER & PRIVACY RELEASE**

**FOR THE 2019 SOCCER SEASON**

I, \_\_\_\_\_ will not hold the Irricana-Beiseker Soccer Association, its coaches, assistant coaches or executive nor the Town of Irricana or the Village of Beiseker responsible for any injuries or loss incurred while my child is participating in the supervised practice or game of Soccer.

In the event of injury, I hereby authorize IBSA to obtain medical advice and or transportation as deemed necessary.

In signing below I, the parent or guardian of the before mentioned minor, acknowledge the information held on this registration form as true and correct.

As well, this consent permits the disclosure of personal information to the ASA, CSA and provincial affiliated bodies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photography Waiver**

I \_\_\_\_\_ hereby consent to have  
\_\_\_\_\_ (child's name) photographs used to help  
promote soccer and to be used on the IBSA web page.

Signature \_\_\_\_\_ Date \_\_\_\_\_