

IBSA SOCCER REGISTRATION 2020

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 (U7 and above) _____ Short size (U7 and above) _____

Please also complete waiver portion of form on second page.

U5	Born in 2015 or 2016 \$ 60	_____	U13	Born in 2007 or 2008 \$ 95	_____
U7	Born in 2013 or 2014 \$ 70	_____	U15	Born in 2005 or 2006 \$ 95	_____
U9	Born in 2011 or 2012 \$ 90	_____	U17	Born in 2003 or 2004 \$ 95	_____
U11	Born in 2009 or 2010 \$ 90	_____	U19	Born in 2001 or 2002 \$ 95	_____

Now accepting E-TRANSFERS!

Send your e-transfer to ibsa.exec@gmail.com with your child's name in the memo field

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

We are now down to three official board members. If as a community we want to keep the Soccer in the community we need volunteers.

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

Registration Paid in Full by: Cheque # _____ etransfer Cash
Payment received by : _____ Date : _____

PLAYER WAIVER & PRIVACY RELEASE
FOR THE 2020 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 _____