

IBSA SOCCER REGISTRATION 2022

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 _____ Short size (U7 and above) _____

Please also complete waiver portion of form on second page.

U5	Born in 2017 or 2018	\$ 60	_____	U13	Born in 2009 or 2010	\$ 95	_____
U7	Born in 2015 or 2016	\$ 70	_____	U15	Born in 2007 or 2008	\$ 95	_____
U9	Born in 2013 or 2014	\$ 90	_____	U17	Born in 2005 or 2006	\$ 95	_____
U11	Born in 2011 or 2012	\$ 90	_____	U19	Born in 2003 or 2004	\$ 95	_____

Registration due date: April 15 2022

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

Please put an 'X' behind what you volunteer for and please add your name, phone number and email address below.

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

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

Name: _____ **Phone Number:** _____

Email Address: _____

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

Registration Paid in Full by: _____ Cheque #: _____ etransfer Cash

Payment received by: _____ Date: _____

PLAYER WAIVER & PRIVACY RELEASE
FOR THE 2022 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, BCSA 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 _____