

# IBSA SOCCER REGISTRATION 2017

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 2013	\$ 60	_____	Keep's Uniform
U6	Born in 2011 or 2012	\$ 60	_____	Keep's Uniform
U8	Born in 2009 or 2010	\$ 85	_____	Jersey Deposit \$50 _____
U10	Born in 2007 or 2008	\$ 85	_____	Jersey Deposit \$50 _____
U12	Born in 2005 or 2006	\$ 90	_____	Jersey Deposit \$50 _____
U14	Born in 2003 or 2004	\$ 90	_____	Jersey Deposit \$50 _____
U16	Born in 2001 or 2002	\$ 90	_____	Jersey Deposit \$50 _____
U18	Born in 1999 or 2000	\$ 90	_____	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 cancelled 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 2017 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 \_\_\_\_\_