

I.B.S.A. SOCCER REGISTRATION 2010

Player's Name _____ Parent's Name _____
Address _____ E-mail Address: _____
Phone No. _____ Cell Phone No. _____
AHC No. _____ Emergency Phone No. _____
Birth date (d) _____ (m) _____ (y) _____ Age _____ Shoe Size _____

ALL ABOVE FIELDS MUST BE FILLED OUT

FEES FOR THE YEAR 2010

U-4	Born in 2006	\$30	_____
U-6	Born in 2004 or 2005	\$45	_____
U-8	Born in 2002 or 2003	\$60	_____
U-10	Born in 2000 or 2001	\$65	_____
U-12	Born in 1998 or 1999	\$65	_____
U-14	Born in 1996 or 1997	\$65	_____
U-16	Born in 1994 or 1995	\$65	_____

*Uniform deposit (held until returned) \$50 _____ (per player) email notification

***Your Cheque must clear before your child plays!**

Make Cheques Payable to: I.B.S.A. or Irricana Beiseker Soccer Association

I _____ hereby consent to have (child's Name) _____ photograph taken for use to help promote soccer in the community and on the I.B.S.A. Soccer & Big Country Soccer websites.

Registrations must be received by March 30th 2010

Soccer Needs You

Irricana Beiseker Soccer programs rely 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. Teams will be cancelled if no coaches are available:

Coach/Supervisor* _____

Assistant Coach/Supervisor * _____

Team Manager _____

Board Member _____

***This season, training courses are being offered for coaches and referees. Ask!**

Office use only _____

Registration Paid in Full By Cheque Cash Uniform Deposit Cheque

Date: _____

Payment received by _____

PLAYER WAIVER & PRIVACY RELEASE
FOR THE 2009 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.

I hereby consent to have my Child photographed with the understanding that it may, at any time, be used to promote soccer in the community or through the Big Country/ Alberta Soccer Associations.

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 _____