



TINY TOT REGISTRATION FORM

REGISTRATION FEE - FREE

Registration limited to the first 75 players

www.iberiasoccer.com

337-364-8200

SPRING 2022

Eligible To All Players Born In 2019

Player's Name _____ Player's Date of Birth _____

Player's Address _____ City _____ ZIP _____

Phone Number: _____ Email Address: _____

Male _____ Female _____

PRIMARY CONTACT

Name _____ Phone # _____

Relationship to Player _____ E-Mail _____

Address _____ CITY _____ ZIP _____

SECONDARY CONTACT

Name _____ Phone # _____

Relationship to Player _____ E-Mail _____

Address _____ CITY _____ ZIP _____

LIST MEDICAL PROBLEMS/PROHIBITIONS THE PLAYER HAS (MEDICAL /PHYSICAL) _____

PARENTAL AUTHORIZATION / RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the player will abide by the rules and regulations of the Louisiana and Iberia Soccer Associations, and its sponsors. In consideration for the player's participation in the soccer programs and activities of the LSA and ISA, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the LSA and ISA parties, the owners and operators of the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the programs, including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the LSA and ISA parties the right to use the player's name, pictures and/or likeness in printed, broadcast, internet, web pages and other material covering the programs provided such use is related to the player's status as a participant in the soccer programs.

Print Parent Name _____ Signature _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent _____ Date _____

**REGISTER ON SITE BEFORE ANY TINY TOT SESSION OR PRE-REGISTER
by emailing this form to iberiasoccer.com**

Iberia Soccer Association
PO Box 10241, New Iberia, LA 70562