

RETURNING PLAYER APPLICATION



Irving
Soccer
Association

FOR LEAGUE
USE ONLY

Date:

Paid:

Birth Cert:

Team Name _____	Age Group: U- _____	Registration #: _____
------------------------	----------------------------	------------------------------

_____	_____	_____
Last Name	First Name	Init.
_____		_____
Street	Apt #	City
_____	_____	_____
Zip code	Phone	Male/Female
_____	_____	_____
Birth Date	_____	
_____	_____	_____
Last team played for	School	# of Seasons Played
_____	_____	_____
Fathers Name	Work Phone	Cell Phone
_____	_____	_____
Mothers Name	Work Phone	Cell Phone
_____	_____	_____

E-Mail address		

IMPORTANT	PARENTAL SUPPORT																		
<p>We hereby certify that the above information is true and correct. We realize this soccer program is a nonprofit and voluntary program, instituted for the benefit of the youth in the community and we therefore agree to hold no party connected with the team, sponsors, or the league responsible for the injury or harm to the participant during the normal pursuit of team activities. Participation in league activities, playing or practicing, shall not be allowed until this contract has been signed. We, the undersigned do hereby agree to abide by the constitution and playing rules of the league.</p> <p style="text-align:right;">Registration Fee: \$40:00. \$20.00 late fee for returning players after July 18, 2006.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: <u>X</u> _____ Date: _____</p>	<p>We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Coach</td> <td><input type="checkbox"/> Committee</td> </tr> <tr> <td><input type="checkbox"/> Asst. Coach</td> <td><input type="checkbox"/> Referee</td> </tr> <tr> <td><input type="checkbox"/> Team Mgr</td> <td><input type="checkbox"/> Fund Raising</td> </tr> <tr> <td><input type="checkbox"/> Team Parent</td> <td><input type="checkbox"/> Clerical</td> </tr> <tr> <td><input type="checkbox"/> Special Projects</td> <td><input type="checkbox"/> Reporter</td> </tr> <tr> <td><input type="checkbox"/> Field Preparation</td> <td><input type="checkbox"/> Newsletter</td> </tr> <tr> <td><input type="checkbox"/> Board Member</td> <td><input type="checkbox"/> Concessions</td> </tr> <tr> <td><input type="checkbox"/> Publicity</td> <td><input type="checkbox"/> Sponsorship</td> </tr> <tr> <td><input type="checkbox"/> Phone Parent</td> <td><input type="checkbox"/> Commissioner</td> </tr> </table> <p>Other: _____</p>	<input type="checkbox"/> Coach	<input type="checkbox"/> Committee	<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee	<input type="checkbox"/> Team Mgr	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Team Parent	<input type="checkbox"/> Clerical	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Reporter	<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Board Member	<input type="checkbox"/> Concessions	<input type="checkbox"/> Publicity	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Phone Parent	<input type="checkbox"/> Commissioner
<input type="checkbox"/> Coach	<input type="checkbox"/> Committee																		
<input type="checkbox"/> Asst. Coach	<input type="checkbox"/> Referee																		
<input type="checkbox"/> Team Mgr	<input type="checkbox"/> Fund Raising																		
<input type="checkbox"/> Team Parent	<input type="checkbox"/> Clerical																		
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Reporter																		
<input type="checkbox"/> Field Preparation	<input type="checkbox"/> Newsletter																		
<input type="checkbox"/> Board Member	<input type="checkbox"/> Concessions																		
<input type="checkbox"/> Publicity	<input type="checkbox"/> Sponsorship																		
<input type="checkbox"/> Phone Parent	<input type="checkbox"/> Commissioner																		

CONSENT FOR MEDICAL TREATMENT (MINOR)
<p>As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly 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.</p> <p>Signature of Parent or Guardian <u>X</u> _____</p>

<p>Return this application along your check or money order payable to ISA to:</p> <p>Irving Soccer Association P.O. Box 153745 Irving, Tx 75015-3745</p> <p>For more information call 972-273-2280</p>

Cosponsored by the Irving Parks and Recreation Department