

Iredell County Recreation Department

c/o South Iredell Soccer Association, PO Box 4503, Mooresville NC 28117

Please Mail Registration Forms Before January 21st! *Late Fees may be applicable for forms postmarked after this date.*

Player Information

SISA Soccer 2010

Players Last Name	Players First Name	Players Middle Initial	Control #
		NC	
Home Address	City	State	Zip
Date of Birth	Age	Sex	
AgeGroup/Team	School		

Under-8, Under-10, Under-12 and Under 14 girls now have a choice.

*** Indicate which league your daughter would prefer (circle one) **All-Girls** or **Coed**

Family Information

SISA Soccer 2010

Parent/Guardian Last Name	Parent/Guardian First Name	Parent's Middle Initial
Primary Phone Number	Alternate Phone Number	Primary E-mail Address

Name of Emergency Contact	Phone Number	Relationship to player
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Youth Sports Permission

SISA Soccer 2010

RELEASE BY PARENT OR GUARDIAN:

I, the undersigned parent or guardian of the above named participant in the youth sports activity sponsored by the Iredell County Recreation Department hereby give consent to his/her participation in the above named sport. I understand that in practice, play and any participation related to above named sport, there may involve many risks of injury or dangerous activity. I specifically acknowledge that soccer, baseball, softball and basketball are violent contact sports involving even greater risk of injury than other sports.

I, the undersigned parent or guardian, agree to hold the County of Iredell, its employees, agents, representatives, coaches and volunteers harmless from any and all liability due to injury or loss including death that may arise in connection with my child's participation.

Signature of Parent or Guardian

____ / ____ / 2010

Date

Youth Sports Consent for Treatment

SISA Soccer 2010

As a parent or legal guardian of _____, I hereby give my consent for any emergency medical treatment in case of illness or injury while participating in the Iredell County Recreation Department's Youth Sports Activity Programs. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency.

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this Consent for Treatment form will make immediate treatment possible.

Signature of Parent or Guardian

____ / ____ / 2010

Date

U06 Instructional T-Shirt Sizes	(circle one)	6-8	10-12	14-16	Total = \$40
U08 and above No Uniform Order Required					
U08 and above Jersey Sizes	(circle one)	YS	YM	YL	AS AM AL AXL
U08 and above Short Sizes	(circle one)	YS	YM	YL	AS AM AL AXL
U08 and above Sock Sizes	(circle one)	Small	Medium	Large	Total = \$90

Would you be willing to volunteer to coach a SISA team?	(circle one)	Yes	No
Would you be willing to volunteer to assist a SISA team?	(circle one)	Yes	No
Would you be willing to volunteer for other SISA needs?	(circle one)	Yes	No

Check # _____ Amount Paid \$ _____