

# Iredell County Recreation Department

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

Please Mail Registration Forms Before August 1st, 2011! *Late Fees may be applicable for forms postmarked after this date.*

## Player Information

**SISA Soccer 2011**

Players Last Name	Players First Name	Players Middle Initial <b>NC</b>	Control #
Home Address	City	State	Zip
Date of Birth	Age	Sex	
AgeGroup/Team	Name of 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 2011**

Parent/Guardian Last Name	Parent/Guardian First Name	Relationship to player
Primary Phone Number	Alternate Phone Number	Primary E-mail Address
Name of Emergency Contact (other than Parent)	Phone Number	Relationship to player

## Youth Sports Permission

**SISA Soccer 2011**

### 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.

\_\_\_\_ / \_\_\_\_ / 2011  
Date

Signature of Parent or Guardian

## Youth Sports Consent for Treatment

**SISA Soccer 2011**

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.*

\_\_\_\_ / \_\_\_\_ / 2011  
Date

Signature of Parent or Guardian

U04 - U06 Instructional T-Shirt Sizes	(circle one)	<b>6-8</b>	<b>10-12</b>	<b>14-16</b>	<b>Total = \$50</b>			
U08 and above Jersey Sizes	(circle one)	<b>YS</b>	<b>YM</b>	<b>YL</b>	<b>AS</b>	<b>AM</b>	<b>AL</b>	<b>AXL</b>
U08 and above Short Sizes	(circle one)	<b>YS</b>	<b>YM</b>	<b>YL</b>	<b>AS</b>	<b>AM</b>	<b>AL</b>	<b>AXL</b>
U08 and above Sock Sizes	(circle one)	<b>Small</b>	<b>Medium</b>	<b>Large</b>	<b>Total = \$102</b>			

Would you be willing to volunteer to coach a SISA team?	(circle one)	<b>Yes</b>	<b>No</b>
Would you be willing to volunteer to assist a SISA team?	(circle one)	<b>Yes</b>	<b>No</b>
Would you be willing to volunteer for other SISA needs?	(circle one)	<b>Yes</b>	<b>No</b>
Check # _____	Cash _____	Amount Paid \$ _____	