

# 2019 IRON RIVER SOCCER ASSOCIATION REGISTRATION FORM

(Children born from 2000 thru 2015 Eligible)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ M / F (circle one)  
Gender \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_ (or) \_\_\_\_\_ Legal Guardian's Name \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<b>Youth</b>	XS	S	M	L	XL	<b>Adult</b>	S	M	L	XL
<b>SHIRT SIZE (circle one)</b>										

**Cost \$40 (1<sup>st</sup> child); \$35 (2<sup>nd</sup> child); and \$80 Maximum per Family After Deadline \$10 Late Fee per player**

**PARENTS – Please circle positions for which you are willing to volunteer**

Head Coach/Asst. Coach     Team Parent     Field Maintenance     Referee     Board Member

<input type="checkbox"/> New Player <input type="checkbox"/> Experienced Player	Wants to play with brother/sister _____
Position Played _____	Name _____

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I, the parent or guardian of \_\_\_\_\_, give permission for emergency medical treatment of my child for illness or accident if I cannot first be contacted.

Emergency phone: Parent or Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact other than parent: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Does your child have any allergies or require any special medication?

No  Yes  Explain \_\_\_\_\_

I have read over the *Code of Ethics & Behavior for Parents* and agree to exemplify its principles. I agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child or children may sustain while participating in activities of any kind, whether sponsored by or under the supervision of SAY. I agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forms must be postmarked by Friday, March 15, and sent with payment to:  
Iron River Soccer Association, C/O Jocelyn Mottes, PO Box 412, Caspian, MI 49915.  
www.ironriversoccer.com (There will be no refunds once draft is complete)**

### DO NOT WRITE BELOW – SOCCER ORGANIZATION USE ONLY

Birth Year \_\_\_\_\_ Division \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Rec'd. By \_\_\_\_\_ Date \_\_\_\_\_

Team Assigned \_\_\_\_\_ Coach \_\_\_\_\_