

IC SOCCER CLUB APPLICATION

Spring Fall of 20 _____

IC Students may leave forms at the school office. Others may mail form to:
 ICSC, P.O. Box 546, NLR, AR 72114. Allow mailing time.
 See reverse side for deadline information, fees, and other instructions.
 Applications received at any time are subject to acceptance on an as-needed basis.

ICSC USE ONLY:

Group _____

Coach _____

PLAYER INFO:

Last Name _____ First Name _____ Init. _____

Address _____ City _____ AR Zip _____

Home Phone _____ Email _____

Player Birthdate: _____ Male Female New Player Returning Player
Month Day Year

School _____	Grade _____	Height _____	Uniform Size (Required)							
			YS	YM	YL	AS	AM	AL	AXL	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Coach _____	Last League _____	Weight _____	Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Shorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Father's Name _____ Occupation _____ Wk. Phone _____ Cell _____

Mother's Name _____ Occupation _____ Wk. Phone _____ Cell _____

List any medical problems or restrictions player has _____

Person to notify in emergency _____ Phone _____ Cell _____

Doctor to notify in emergency _____ Phone _____

IMPORTANT: Sign and date both releases below; both are required for play.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transport I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian for 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 whatsoever conditions are necessary to preserve the life, limb or well-being of the dependent.

Signature of Parent or Guardian _____

Address _____

City _____ AR Zip _____

Phone: Home _____ Wk. _____

Printed Name _____

Signature _____ Date _____

Other children from family presently in ICSC

Age: _____

Age: _____

Age: _____

PARENTAL SUPPORT
 We encourage active parental support

Coach Board Member

Assistant Coach Uniforms

Team Parent Micro Coordinator

Field Preparation _____

ICSC USE ONLY:

Fee Collected: _____

Cash or Check # _____

Recorded by: _____

Registration Date: _____

SPECIAL REQUEST: _____