



# INTERNATIONAL ELITE SOCCER ACADEMY



## Recreation Registration Form

[www.internationalelitesa.com](http://www.internationalelitesa.com)

Questions call: 864-538-9921

Season Cost: \$75

**Note: Volunteer Coaches receive a Coaching Discount at the end of the season**

Player's Name: _____	Birth Date: _____	M   F
Parent/Guardian Name: _____	Parent/Guardian Name: _____	
Home Address: _____	City/State: _____	Zip: _____
Cell Phone: _____	Other Phone: _____	Email: _____

For this child's team I will volunteer as: **Coach:** \_\_\_\_\_ **Assistant Coach:** \_\_\_\_\_

**TEAMS: - Place a check mark by the team selection for this player**

U6	4-5 years old current calendar year	Returning Player?	Yes	No
U8	6-7 years old current calendar year	Shirt Size (YS,YM,YL,YXL,AS,AM,AL,AXL)		
U10	8-9 years old current calendar year			
U12	10-11 years old current calendar year			
U13	11-12 years old current calendar year	<b>For Official Use Only</b>		
U14	12-13 years old current calendar year			

List any special considerations:

### IMPORTANT!! SIGNATURE REQUIRED FOR CHILD TO PLAY

In consideration for being allowed to participate in the International Elite Soccer Academy Youth Recreation Soccer League, I agree to assume all risks and hazards, including transportation to and from said activities and further agree to waive, release absolve, indemnify and hold harmless the International Elite Soccer Academy, it's staff, coaches, team parents, volunteers and property owners from any and all claims, suits or related causes of action for damages, including but not limited to such claims that may result from an injury or death, accidental or otherwise, during or arising in any way from the program. I hereby grant permission for the treatment and transportation of my child in the event of an injury while participating in said activities.

NAME OF PARENT OR LEGAL GUARDIAN (PLEASE PRINT)	DATE
SIGNATURE OF LEGAL PARENT OR GUARDIAN	

### IMPORTANT - PAYMENT INFORMATION

**Make Checks or Money Orders Payable to: IESA**

Mail Payment, Birth Cert. and Forms To:	IESA - PO BOX 49084, Greenwood, SC 29649	Payment Amt:	\$75.00
		Check/Money Order #	

**NOTE: Applications will not be processed without a copy of the players birth certificate and full payment**

Questions Call: Ken Davis 864-538-9921, email [lakelandscoachken@gmail.com](mailto:lakelandscoachken@gmail.com)