



# Innisfail Minor Soccer Association

## 2017 Registration Form

PO Box 6082 Innisfail

Innisfail, AB

T4G 1S7

All registration forms can be mailed to IMSA, Dropped off at the Innisfail Town Office or received at our registration evening

Please ensure you read and complete all sections of this registration form. If you require any assistance please email InnisfailMinorSoccer@gmail.com. Or contact us through our Facebook page - Innisfail Minor Soccer Association.

**Parent/Guardian Info: (All information provided here pertains to ALL children listed on this form. If information is different for other siblings please fill out a separate form.)**

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Additional contact number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Additional contact number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The success of IMSA relies solely on volunteers. Please indicate below where you can help us out this season. We understand that not everyone is able to commit to all positions, and we are pleased with any help you can offer us.

**Positions available are:**

Coaches - running the team practices on field and refereeing during game time

Assistant coaches - assisting coaches on and off field and filling in when coach cannot be present

Equipment Maintenance - Someone to check air in the balls and fill when necessary and to move nets

Line Painting - 2 people required to be sure lines are painted, for easy play for kids and coaches

Coordinator - Each level needs 1 coordinator to work with coaches/board and open/lock sheds

Other - Phone outs, Hand outs, assisting when/where necessary when available (contact with board)

Please fill out what you can help with \_\_\_\_\_

**I have read and understand IMSA Parents Code of Conduct**

Mother's name (print): \_\_\_\_\_ Father's name (print): \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Father's signature: \_\_\_\_\_

<b>U4 (4 before December 31, 2017)</b>	<b>\$55.00</b>	<b>U10 (9 or 10 before December 31, 2017)</b>	<b>\$85.00</b>
<b>U6 (5 or 6 before December 31, 2017)</b>	<b>\$65.00</b>	<b>U12 (11 or 12 before December 31, 2017)</b>	<b>\$115.00</b>
<b>U8 (7 or 8 before December 31, 2017)</b>	<b>\$75.00</b>	<b>U14 (13 or 14 before December 31, 2017)</b>	<b>\$135.00</b>

### Player Information

#### Player 1

Check if new player

Child's first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Birthday - Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ age as of Dec. 31, 2017 \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Health Care Number: \_\_\_\_\_  
 Emergency Information: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Doctor \_\_\_\_\_ phone number \_\_\_\_\_  
 Dentist \_\_\_\_\_ phone number \_\_\_\_\_  
 allergies: \_\_\_\_\_  
 Conditions and Symptoms: \_\_\_\_\_

I wish to register my child in \_\_\_\_\_ \$ \_\_\_\_\_

Player's/Parents signature \_\_\_\_\_

We have read and understand the players code of conduct

#### Player 2

Check if new player

Child's first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Birthday - Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ age as of Dec. 31, 2017 \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Health Care Number: \_\_\_\_\_  
 Emergency Information: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Doctor \_\_\_\_\_ phone number \_\_\_\_\_  
 Dentist \_\_\_\_\_ phone number \_\_\_\_\_  
 allergies: \_\_\_\_\_  
 Conditions and Symptoms: \_\_\_\_\_

I wish to register my child in \_\_\_\_\_ \$ \_\_\_\_\_

Player's/Parents signature \_\_\_\_\_

We have read and understand the players code of conduct

#### Player 3

Check if new player

Child's first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Birthday - Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ age as of Dec. 31, 2017 \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Health Care Number: \_\_\_\_\_  
 Emergency Information: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Contact Number \_\_\_\_\_  
 Doctor \_\_\_\_\_ phone number \_\_\_\_\_  
 Dentist \_\_\_\_\_ phone number \_\_\_\_\_  
 allergies: \_\_\_\_\_  
 Conditions and Symptoms: \_\_\_\_\_

I wish to register my child in \_\_\_\_\_ \$ \_\_\_\_\_

Player's/Parents signature \_\_\_\_\_

We have read and understand the players code of conduct

# PLEASE RETAIN THIS PAGE FOR REFERENCE

## Innisfail Minor Soccer Association Player's Code Of Conduct:

1. I will respect the authority of the Coach and Referee and their Assistants.
2. I will respect my coach, my parents, my teammates and my opponents.
3. I will be on time and prepares for matches and practices.
4. I will wear shin guards and cleats or running shoes or I will not be allowed to play.
5. I will play within the laws and spirit of the game.
6. I will display self control in all situations and will not use foul or abrasive language at any time before, during or after any practice, game or tournament
7. I will train and play to the best of my ability.
8. I will have a positive attitude and encourage others to do the same.
9. I will demonstrate good sportsmanship and fair play.

## Innisfail Minor Soccer Association Parent's Code Of Conduct:

1. I will respect that the authority of the Coach and Referee and their Assistants.
2. I will not harass, abuse or berate any Coach, Referee, Player or Parent before, during or after any practice or match or use foul language.
3. I will ensure that my child complies with CASA Rules and Regulations that stipulates shin guards and cleats or running shoes must be worn at all times. Failure to do so will result in my child not being allowed to participate in the practice or games.
4. I acknowledge and respect that the Coach is a **VOLUNTEER** who has committed their time for the sake of my child.
5. I acknowledge that there may be time where the coach, program coordinator or other executive member **MAY REQUIRE MY ASSISTANCE**, and **I AGREE TO COMPLY** with their request to the best of my ability.
6. I acknowledge and accept that parental supervision is required for my child at all times. I must remain on school property for the duration of the practice or game. If I cannot attend, I will notify the coach and will appoint a guardian to act on my behalf. I also acknowledge and accept that Innisfail Minor Soccer Association, its coaches, program coordinators, executive members or sponsors are not responsible for the supervision of my child if the event is cancelled due to weather, during or after the scheduled event time, or for any other unforeseen circumstances if prior arrangements have not been made.
7. I will notify the coach if my child will be away.
8. I will encourage my team, cheer in a positive manner and will not berate the opposing team.
9. I will encourage fair play.
10. I will demonstrate the utmost in sportsmanship and integrity as an example for my child.

## APRIL 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
23	24	25	26	27	28	29
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		

## MAY 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		
7	8	9	10	11	12	13
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		
14	15	16	17	18	19	20
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		
21	22	23	24	25	26	27
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		

## JUNE 2017

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1	2	3
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		
4	5	6	7	8	9	10
		6:30 U4/U6 6:15 U8/10		6:30 U6 6:15 U8/U10		
11	12	13	14	15	16	17
		6:30 U4/U6 6:15 U8/10		All teams attend Fun night/wind up		
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Picture nights and special training day yet to be added to the calendar.

