

**QUALITY SPORTS AUTHORITY  
SOCCER REGISTRATION FORM**

12725 North Rd  
ERATH, LA. 70533

PHONE: 337-937-4360 FAX: 337-937-4359

**Jeremy@qualitysports.org**

Birthdate: \_\_\_\_\_ Age/Grade \_\_\_\_\_ / \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

Name: \_\_\_\_\_

High school zoned for: **AHS EHS KHS DHS VC NVHS LHCA AHOP** other: \_\_\_\_\_

**Registration fee is \$45 until Feb. 3<sup>rd</sup> for ages 3-12. Soccer season is Feb. 18<sup>th</sup>- March 31<sup>st</sup>.**

**\*\*\*\*\* Shirt Size: YS YM YL AS AM AL AXL (circle one) \*\*\*\*\***

Lives With (Father / Mother / Both)

< Father >
Name: _____
Address: _____
City _____ State _____ Zip code _____
Home Phone _____
Work Phone _____
Cell Phone _____

< Mother >
Name: _____
Address: _____
City _____ State _____ Zip code _____
Home Phone _____
Work Phone _____
Cell Phone _____

**REQUIRMENTS FOR ALL PLAYERS**

I do hereby give my permission for the above named to participate in the Quality Sports Authority program during the current season. I will Assume all risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify and hold harmless, Quality Sports Authority League, their sponsors, organizers, supervisors, officers, and field owners, of all legal responsibilities.

I give permission to this League, its officers and representatives, to provide medical treatment in case of and emergency or injury.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- **Registration fee is \$45 per child and a \$20 late fee for any child registering after Feb. 3<sup>rd</sup> .**
- **The player must furnish a case of Coca-Cola product as the coach will inform the team of due date and product.**

**I HAVE READ THE ABOVE INFORMATION AND AGREE TO THE REQUIRMENTS AND I WILL ALLOW MY CHILD TO PARTICIPATE IN QSA SOCCER.**

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Paid: \_Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Verified by: \_\_\_\_\_**

**VOLUNTEERS NEEDED: IF YOU ARE INTERESTED IN COACHING A TEAM PLEASE LET US KNOW- NO EXPERIENCE IS NEEDED, WE ARE MORE THAN WILLING TO ASSIST YOU IN COACHING**

**VOLUNTEER COACH'S NAME:** \_\_\_\_\_

**COACH'S PHONE NUMBER:** \_\_\_\_\_

**COACH'S EMAIL ADDRESS:** \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO QUALITY SPORTS AUTHORITY**

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