NORTH TEXAS STATE SOCCER ASSOCIATION

COMPETITIVE REGISTRATION FORM

With International Clearance

Revised 06-27-19

Player Information ☐ NEW PLAYER ☐ RETURNING PLAYER ☐ MALE ☐ FEMALE 20_____ 20_____ Seasonal Year

ID #_____ **Team Name** _____ **Age Group** _____

Country of Birth	Country of Citizenship	Played outside of US (Y/N)	If Yes; what Country

Player First Name	Player MI	Player Last Name	DOB (MM/DD/YYYY)

Street Address	City	State	Zip

Parent/Guardian#1 Name	Best Contact Phone	Email

Parent/Guardian #2 Name	Best Contact Phone	Email

School	Grade	Graduation Year

Physicians contact information (name, phone)

List any medical conditions coach should be aware of

Emergency Contact Information (name, phone number)

TEAM/CLUB FACT SHEET: I, the parent/legal guardian and the player listed above have been given the Team/Club Fact Sheet for the team listed above. We have read and understand the information on the Team/Club Fact Sheet and what this means in way of commitment of time and money for the player and his/her family.

RELEASE FROM A COMPETITIVE TEAM 3.10.7 A competitive (select) player is obligated to his competitive team for the soccer-playing year for competitive players from the time he signs a contract until the end of the subsequent soccer playing year (August 1 of the prior soccer year through June 30 of the current soccer year). Release to transfer to another NTSSA competitive team will be allowed under the following circumstances: Transfers that are approved by the player's current coach may be granted at any time on or prior to April 1. Any request for transfer that is not approved by the player's current coach, as indicated on the release form or transfer request form, will be scheduled for a Competitive Soccer Committee hearing that shall be chaired by the NTSSA Youth Commissioner or his designee, with all parties being invited to attend. This shall be done between the dates of December 1 and January 31 for U-11 through U-14 and December 1 and March 15 for U-15 through U-19 only. (NOTE: The Competitive Committee may grant transfers prior to the start of the fall season in extremely limited circumstances, and only after receiving input from the coach or club official.) Any appeal of the decision of the Competitive Soccer Committee after the hearing must be made directly to the Executive Committee of NTSSA within five (5) days. A player may leave a competitive team and go into his home Member Association recreational player pool at any time on or prior to April 1 of the current soccer year with the written permission of the Youth Commissioner. Players may not be released from their competitive team after April 1, as no recreational player pool is available. (Exceptions: player has moved outside NTSSA territory, current team has disbanded, or medical documentation the player has been injured and is unable to play the remainder of the soccer year.) Any recreational player currently rostered to a recreational team and wishing to be released to join a competitive team may do so only between December 1 and March 15 and may do so only with the written permission of the Member Association in which he is currently rostered. A competitive registration form must be completed prior to the players' transfer to a competitive team.

Parental Approval and Medical Release

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION, AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, 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 "PROGAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR AILMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELEATED TO THE PLAYERS STATUS AS A PARTCIPANT IN THE "PROGRAMS". ☐ YES ☐ NO

Signature of Parent/Legal Guardian **Date**