



NORTH TEXAS STATE SOCCER ASSOCIATION
ACADEMY PLAYER REGISTRATION FORM
 Revised 2/1/16



FOR ASSOCIATION/LEAGUE USE ONLY

Academy Age: U7 U8 U9 U10 **PLAYER REGISTRATION #** _____

Verified Birth Certificate YES NO Date Paid _____ Reg. Fee _____ Cash CC Check # _____

MEMBER ASSOCIATION _____

Registrars Phone # _____ Registrars Email _____

Registrar Signature _____ Date _____

Player Information NEW PLAYER RETURNING PLAYER MALE FEMALE 20____ 20____ Seasonal Year FALL SPRING

Player First Name _____ Player MI _____ Player Last Name _____ Player 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 _____

Physicians contact information (name, phone, address, city, state, zip code) _____

List any medical conditions coach should be aware of _____

Emergency Contact (name, phone) _____

Important Registration Information:

This form must be filled out completely and LEGIBLY with all signatures to participate with a North Texas Soccer member association academy program. **Each academy player must be registered with a North Texas Member Association, and acquire a Member Association registration number.** Players may or may not be on a recreational team, unless required to be on a recreational team by their member association. A copy of player's Birth Certificate is required at time of registration. This form is required for player participation in any NTSSA academy program or tournament. This form must be available at all training and competitions for insurance purposes. No formal contract or written commitment may be signed by or on behalf of the player to commit a player to an academy team. Soccer Academy play is in addition to recreational play. Players may join any Soccer Academy of their choosing within their age group, and are not required to obtain a release from their NTSSA recreational team to participate on an Academy team. Players must present a form of proof of registration signed by a member association registrar each time they participate with an Academy. Players may join as many Soccer Academies as they like as long as the Soccer Academy is recognized by a North Texas Soccer Member Youth Association. The Academies may charge a fee to cover expenses in addition to the player's recreational soccer registration fees. Soccer Academy teams are not considered "registered teams," and therefore do not have to follow recreational team formation rules. Soccer Academy teams may not enter NTSSA sanctioned tournaments unless the tournament has specified a "Soccer Academy" bracket. In that event, players must declare which Soccer Academy team they will play with in the tournament and may only play for one team in a tournament. Violation of this rule shall result in sanction against the offending party (coach, assistant coach, manager, parent, or other team representative), which could include suspension from all soccer activities for a period of time. **NTSSA Rule 3.10.3 Player participation in academy competitions does not guarantee playing time and players may move to other academy teams at any time.**

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 RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS". YES NO

Signature of Parent/Legal Guardian _____ Date _____