

For office use only:

SS	INITIAL	EM/H

DUE JANUARY 8th

MTSC FRIENDSHIP TEAM FORM U4 - U19

TEAM NAME: _____

TEAM AGE: () U4/U5, () U6, () U7, () U8, () U9,
() U10, () U11/U12, () U13/U14, () U15/U16 () U17+

TEAM GENDER: () MALE () FEMALE

TYPE OR PRINT CLEARLY

Coach Information

Name _____

Email _____

Phone _____ Child on team? _____

LIST NAMES EXACTLY AS SHOWN ON BIRTH CERT.

PLAYER 1 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 2 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 3 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 4 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 5 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 6 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

MTsc U Recreational U4 - U19 FRIENDSHIP TEAM Request Process & Requirements

EMAIL FORM AS PDF:

MTSCDOCUMENTS@ATT.NET

DUE BY: JANUARY 8, 2024

**THIS FORM MUST BE SUBMITTED TO
FORM A TEAM**

**PLAYERS MUST REGISTER ONLINE AT
METROTULSASOCCER.COM**

FRIENDSHIP TEAM REQUEST CHECK LIST

- Players on the requested Friendship Team MUST also be registered online under *RECREATIONAL PROGRAM*. Plus, have paid registration fees to MTsc U & provided a birth certificate.
- Deadline for team acceptance is NO LATER than midnight as listed on the website www.metrotulsasoccer.com/calendarofevents. Later requests may or may not be accommodated and no refunds.
- Player additions to Friendship teams **AFTER** form submittal must be requested in writing to mtscdocuments@att.net by the coach **PRIOR** to the additional player registering online. After form submittal, additions of players will be accepted only if they are not already registered, placed on an alternate team, and there is space available on your team. Once received, the OFFICE will let you know via email when the additional player can go online and register.

- Friendship Teams **must have the minimum number** of players and no **more than the maximum** number of players allowed. See below:

U4/U5, U6, U7, U8 – 6 to 8
(U4/U5 MAY play together)

U13/14 – 14 to 18

U9, U10 – 9 to 12

U15/16 – 14 to 18

U11/12 – 12 to 16

U17/18/19 - 14 to 18

- For all Friendship Teams, upon request, individual players may play up no more than two (2) age divisions. A team may play up one (1) age division upon request. "Approval to play up" must be marked by the parent of the player on this form & on the online registration. Separate Play Up Waivers are no longer required.
- **Players NOT listed on a Friendship Team will be put on a Random Draw Team and may not be removed.**
- MTsc U reserves the right to schedule U4/U5, U7/U8, & U9/U10 leagues within the same division, or Friendship Teams against Random Draw Teams or other combinations to find the best balance for optimal fun for all in a league.

USE BLUE OR BLACK INK ONLY

LIST NAMES EXACTLY AS BIRTH CERT.

PLAYER 7 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 8 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 9 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 10 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 11 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 12 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 13 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 14 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 15 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 16 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 17 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

PLAYER 18 APPROVAL to play up, check here ()

Player Name _____

Player DOB ____/____/____ Last League Played _____

Player/Guardian Name _____

COMPLETE NEXT PAGE 3 OF 3

TEAM PARENT

Name _____
Email _____
Phone _____ Child on team? _____

ASSISTANT COACH

Name _____
Email _____
Phone _____ Child on team? _____

**** Prior to player registration, parents and coaches are responsible for ensuring that all players who are listed on this form will qualify for their age division by meeting the guidelines on the age division chart and related explanations located on MTsc U's website. This also includes the guideline which stipulates that no co-ed teams will be allowed. ****

TEAM SELF CAPABILITY ASSESSMENT (please check one):

() Low () Medium () High

This will help assist us in appropriate leaguings. The following guidance should be used when filling out this section: If last season your team won 6-8 games (select high), 4-5 games (select medium), or 0-3 games (select low). If a brand new team, use your best judgement based on assessed skill and comfort.

TEAM REP FORM REQUIRED: This form must be completed each season and turned in to the office before you will receive your schedule. *See form on the next page.*

REQUEST FOR TEAM TO PLAY UP: If Yes, **MUST** check here ()

TEAM NAME CHANGE: If your team name has changed this season, list the previous team name here:

PLAY UP WAIVER AGREEMENT (only applies if you checked the box for "approval" by your child's name):

I recognize that I am solely responsible for making this decision and request. I release MTsc U and all of its associated organizations, affiliates, administrators, employees, & volunteers from any and all responsibility should my child be injured, no matter the nature, no matter how seriously, and will not hold them liable for any injuries, costs or loss that might occur and I will also indemnify MTsc U from any and all claims against MTsc U resulting from my child playing up. I also acknowledge that soccer like all team sports regardless of skill level is competitive in nature with winners and losers and that the capabilities of my child may nor may not contribute to the team's score or lack thereof. I acknowledge this is no fault of MTsc U and MTsc U is not responsible for such outcomes

For office use only:

SS	STF	GS	F	B

TEAM REPRESENTATIVE FORM

(March 2023)



This form is to help ensure accurate information for MTsc & US Club.

Must be fully completed & turned in to receive coaches badge



EMAIL COMPLETED PDF FORM TO **MTSCDOCUMENTS@ATT.NET**

TEAM NAME: _____

TEAM AGE DIVISION: _____ TEAM GENDER: M OR F

TODAY'S DATE: _____

COACHING MULTIPLE TEAMS? Y or N OTHER TEAM AGE/NAME/GENDER: _____

HEAD COACH – FULL LEGAL NAME (for background check): _____

HEAD COACH GOES BY NAME: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: M F

PHONE # (s): _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ASSISTANT COACH – FULL LEGAL NAME (for background check): _____

ASSISTANT COACH GOES BY NAME: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: M F

PHONE # (s): _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEAM PARENT (Mom or Dad): _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

NOTE: Field Safety rep is required. This is usually a coach or asst. coach that will check your field & goals prior to the start of your game.

FIELD SAFETY REPRESENTATIVE: _____

PHONE #: _____ EMAIL: _____

ELIGIBLE BIRTH DATES FOR FALL SEASON 2023 AND SPRING SEASON 2024

AGE GROUP - APPLICABLE MTSC U PROGRAM(S)	BEGINNING BIRTHDATE	ENDING BIRTHDATE
U3 - M&M Only	January 1st, 2021	December 31st, 2021
U4 - M&M, SNL and REC/FT	January 1st, 2020	December 31st, 2020
U5 - SNL and REC/FT	January 1st, 2019	December 31st, 2019
U6 - SNL and REC/FT	January 1st, 2018	December 31st, 2018
U7 - SNL and REC/FT	January 1st, 2017	December 31st, 2017
U8 - SNL and REC/FT	January 1st, 2016	December 31st, 2016
U9 - SNL and REC/FT	January 1st, 2015	December 31st, 2015
U10 - SNL and REC/FT	January 1st, 2014	December 31st, 2014
U11 - SNL and REC/FT	January 1st, 2013	December 31st, 2013
U12 - SNL and REC/FT	January 1st, 2012	December 31st, 2012
U13 - SNL and REC/FT	January 1st, 2011	December 31st, 2011
U14 - SNL and REC/FT	January 1st, 2010	December 31st, 2010
U15 - SNL and REC/FT	January 1st, 2009	December 31st, 2009
U16 - SNL and REC/FT	January 1st, 2008	December 31st, 2008
U17 - SNL and REC/FT	January 1st, 2007	December 31st, 2007
U18 - SNL and REC/FT	January 1st, 2006	December 31st, 2006
U19 - SNL and REC/FT	January 1st, 2005	December 31st, 2005