



Academy Player Registration Form

Revised 2-17-15



IMPORTANT

Registration Instructions:

This form must be filled out completely and legibly with all signatures to participate with a North Texas Soccer member association academy program. **Each applicant must first register with their Home Association, and acquire their Home Association registration number. Players may or may not be on a recreational team, unless required to be on a recreational team by their home 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 their home 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. No formal contract or written commitment may be signed by or on behalf of the player to commit a player to an Academy team. 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.**

OFFICIAL USE ONLY

Fall _____ Spring _____

Date _____ Date _____

Home Association
Tyler Soccer Association

Registrar's Phone #

903-939-9829

Registrar's Email

RebaSHill@aol.com

Registrar's Signature

League Academy

U07 _____ U08 _____ U09 _____ U10 _____

Boys _____
Girls _____

Player Registration #: **090**

Player's Last Name

Player's First Name

Street Address

Apt #

City

TX

Zip Code

Phone #

DOB

Age

Sex

Father's Name

Work Phone #

Cell Phone #

Mother's Name

Work Phone #

Cell Phone #

E-Mail Address

Emergency Contact

Phone #

Doctor to Notify

Phone #

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (Programs). I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant, participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the USYS Parties the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: _____

Parent/Legal Guardian (please print)

Signature: X

Date: _____

OFFICIAL USE ONLY

Birth Date Verified Yes No

Registration Fees \$ _____

Cash _____

Check # _____

Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are Necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian X _____

Address _____ Apt # _____

City _____ TX Zip code _____

Phone Home () _____ Bus. () _____

