

NORTH TEXAS STATE SOCCER ASSOCIATION

ACADEMY PLAYER REGISTRATION FORM

Revised 2/1/16



Street Address	City		S	ate	Zp
Player First Name	Player MI	Player Last Name		Player DOB (MM/DD/YYYY)	
Player Information NEW PLAYER RETURNING PLAYER MALE FEMALE 2020 Seasonal Year FALL SPRING					
Registrar Sgnature				Date	
Registrars Phone # Registrars Email					
MEMBER ASSOCIATION					
Verified Birth Certificate YES NO Date P	tificate 🗆 YES 🗆 NO Date Paid Reg. Fee			🗆 Cash 🗆 OC 🗆 Oheck #	
Academy Age: 0 U7 0 U8 0 U9 0 U		TION/LEAGUE USE ONLY EGISTRATION #			

Best Contact Phone

Best Contact Phone

Email

Email

Parent/Guardian #1 Name

Parent/Guardian #2 Name

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 LEGBLY 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 cop of pla er's Bir h Cer ifica e is required a ime of regis ra ion. 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 Academises as they like as long as the Soccer Academy is recognized by a North Texas Soccer Member You h Associa ion. The Academises may charge a fee o cover expenses in addition o he pla er's recreational soccer registration fees. Soccer Academy teams are not considered "regis ered eams," and herefore do no have o follow recrea ional eam forma ion rules. Soccer Academ eams may not enter NTSSA sanctioned ournament and may only play for one team in a tournament. Volation 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 THER RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/ OR OTHERWISE INDEMNIEY 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 ASA RESULT OF THE REGISTRANT'S PARTICIPATION IN THE "PROGRAMS" AND/ OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE. BY MY SIGNATURE BELOW, I CONFIRM THAT MY CONJUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATION IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR ALIMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'SPARTICIPATION 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".