

TEXAS XTREME F.C



2020-2021 Club Fact Sheet

Texas Xtreme '02 White

Coach: Kevin Leonard
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www.TEXASXTREMEFC.COM



North Texas Soccer Association
 2020/2021 Team Club Fact Sheet

Name: Texas Xtreme FC Kevin Leonard **Email:**
coachkev@sbcglobal.net
This is your approved Team Club Fact Sheet.
You may copy and paste into a Word document to save as a PDF/print for distribution to your parents.
DO NOT ALTER ANY INFORMATION AFTER APPROVAL.

Club Name:	Texas Xtreme FC
Please be sure to indicate the person for your Team or Club whom we can contact if we have questions regarding your Team/Club Fact Sheet(s).	Yes
All information must be complete.	

<p>PARENTS AND PLAYERS PLEASE READ CAREFULLY PER RULE 3.10.7 , A COMPETITIVE (SELECT) PLAYER IS OBLIGATED TO HIS COMPETITIVE TEAM FOR THE SOCCER PLAYING YEAR. ALL PLAYERS ATTENDING A TRYOUT FOR A SELECT/COMPETITIVE TEAM MUST BE PROVIDED WITH THE FOLLOWING INFORMATION. THIS INFORMATION IS PROVIDED TO HELP YOU BECOME AN EDUCATED CONSUMER DURING THE TRYOUT PROCESS AND HOPEFULLY MAKE THE DECISION THAT IS RIGHT FOR YOUR PLAYER. COMPETITIVE SOCCER IS SUBSTANTIALLY A YEAR ROUND SPORT THAT REQUIRES A SIGNIFICANT TIME AND FINANCIAL COMMITMENT FROM YOUR FAMILY AND PLAYER. READ THIS INFORMATION CAREFULLY AND BEFORE YOU SIGN A CONTRACT TO PLAY FOR A TEAM, MAKE SURE THAT YOU KNOW WHAT COMMITMENTS ARE REQUIRED OF YOU. PLEASE NOTE THAT PLAYING TIME IS NOT GUARANTEED IN COMPETITIVE SOCCER. DON'T BE AFRAID TO ASK QUESTIONS. IF YOU HAVE ANY QUESTIONS, CONTACT THE TEAM, CLUB AND/OR LEAGUE CONTACT PERSON SHOWN BELOW.</p> <p>A PLAYER MUST BE A 2010 TRUE AGE PLAYER TO PLAY IN COMPETITIVE SOCCER FOR THE SOCCER YEAR FALL 2020 - SPRING 2021 .</p> <p>THIS FORM IS NOT A CONTRACT, BUT FOR INFORMATIONAL PURPOSES ONLY.</p>	<p>Yes</p>
<p>Player contracts may not be signed prior to July 1. SIGNING PRIOR TO JULY 1 AND POSTDATING THE CONTRACT IS A SERIOUS INFRACTION. The date on the signature of a player contract MUST be the actual date the contract is signed. Coaches found guilty of having players sign a contract prior to July 1 are subject to severe sanctions.</p>	<p>Yes</p>
<p>Club Website:</p>	<p>www.texasxtremefc.com</p>
<p>Full Team Name:</p>	<p>Texas Xtreme F.C '02</p>
<p>2020/2021 New Team Name(if applicable)</p>	<p></p>
<p>Team Age and Gender</p>	<p>U19 BOYS</p>
<p>Coaches License:</p>	<p>USSF National C</p>
<p>Coaches First Name:</p>	<p>Kevin</p>
<p>Coaches Last Name:</p>	<p>Leonard</p>
<p>Coaches Cell Phone Number:</p>	<p>4692357325</p>
<p>Coaches Email Address:</p>	<p>coachkev@sbcglobal.net</p>
<p>Asst. Coaches First Name:</p>	<p>Daniel</p>

Asst. Coaches Last Name:	Bryan
Asst. Coaches Cell Phone Number:	8178450226
Asst. Coaches Email Address:	Danielbryan51@yahoo.com
Managers First Name:	Mysti
Managers Last Name:	Allen
Managers Cell Phone Number:	8173127848
Managers Email Address:	mallen129@msn.com
Is this a New Team or Existing Team? U11 will be considered a New Team (Academy years U8-U10 are not considered as existing teams).	Existing Team
Previous Season Playing League & Division:	Classic Div 3
Are there Disciplinary Sanctions against the Team or Coach?	No
If checked yes, please explain:	
Does team have a bye into any North Texas league?	Yes
If yes, which league & division:	Classic Div 2
What Home Association does your team register through?	Plano Youth Soccer
Home Association's Phone Number:	9724227972
Anticipated Roster Size:	18
May players be allowed to guest play for other teams?	Yes
Who decides who the coach/trainer of the team will be?	Club
Who pays the coach/trainer?	Club
NOTE: If the Club appoints/employs the coach/trainer, club reserves the right to change the coach/trainer at anytime during the year as the club deems necessary without notice.	Yes
Other teams coached - Name of Teams & Age	Texas Xtreme '05 Boys ,Solar '05 Girls West
Club President's Name & Phone Number:	kevin Leonard 469.235.7325

Club President's Email Address:	coachkev@sbcglobal.net
Club Vice President's Name & Phone Number:	Philip Summers 8176057837
Club Secretary Name & Phone Number:	Philip Summers 8176057837
Number of Boys teams in club:	3
Number of Girls teams in club:	0
Annual Club Costs per player are expected to be approximately:	Greater than \$2000
Annual costs above include the following items:	
Club Dues	Yes
Team Camp	No
Practice Fields	Yes
Keeper Training	Yes
Team Equipment	No
League Fees	Yes
Coaches Training Fees	Yes
Tournaments	No
Mandatory Uniform	No
How many estimated local tournaments will the team play in?	4-7
How many estimated out-of-town tournaments will the team play in?	0-3
Anticipated Regular Practice Days & Times:	Tuesday & Thursday
Anticipated Location:	Colleyville
Are players permitted to play other sports?	Yes
It is my responsibility to present a copy of the current fact sheet to each parent on my team	Yes



NORTH TEXAS STATE SOCCER ASSOCIATION
COMPETITIVE REGISTRATION FORM

Revised 3-22-2018



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

ID # _____ Team Name _____ Age Group _____

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 11U through 14U and December 1 and March 15 for 15U through 19U 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 PARTICIPANT IN THE "PROGRAMS". YES NO

Signature of Parent/Legal Guardian _____

Date _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Home Phone: _____ Work Phone: _____

Name _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I confirm that my son/daughter is physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date



2020 - 2021 Player Contract

Player Name _____ Team Name: _____

I, the undersigned, do hereby agree:

1. To play for the Texas Xtreme F.C. team for the soccer year July 1, 2020 through June 30, 2021.
2. To abide by the Bylaws and Codes of Conduct of the Club and North Texas Soccer Association (NTSSA).
3. To be available for all practices, scrimmages, games, tournaments and activities of the Team and Club.
4. **To contact the Team Manager and/or Coach in the event of a schedule conflict with the above prior to an event.**
5. That competitive soccer requires a higher degree of dedication and commitment from both the player and the parents and, in addition, understands that a certain amount of travel for the Team and Club activities are necessary.
6. To respect the Coach, teammates referees and other parents.
7. To represent my Team and Club in a respectful manner by avoiding bad language and conduct on and off the field.
8. That the coach makes all coaching decisions.
9. To review and abide by all player and parent rules and policies concerning practice, uniforms and games on the club website

Player Signature

Date

Parent/Guardian Signature

Date

**Xtreme Soccer
Xtreme Development
Xtreme Fun**



2020- 2021 Payment Plan Agreement

The club dues for the 2019/2020 soccer season is \$2,650 and our payment plans are as follows:

1 Lump-sum Payment of \$2,650.

\$525 Down (July) and 5 Payments of \$425 (Aug 15th thru Dec 15th).

\$400 Down (July) and 6 Payments of \$375 (Aug 15th thru Jan 15th).

\$375 Down (July) and 7 Payments of \$325 (Aug 15th thru Feb 15th).

\$370 Down (July) and 8 Payments of \$285 (Aug 15th thru Mar 15th).

We will continue to process all payments online through our website (www.texasxtremefc.com) by either credit card (Visa, MasterCard or Discover) or electronic bank draft. You will need to go online to our website and register by clicking on the "**Create an Account**" at the top left-hand side of the page and create a login and password. If you are a returning player, use your login and password from last year.

You will then need to go back to the **Home Page** on our website and click on the **Teams** tab and select **All Teams** and then **02 Boys White**. Then click on **2019-2020 Registration 02B White** to complete the team registration and payment function. Please note that uniforms will be handled separately this year.

As the Parent of a Texas Xtreme FC Player, I agree to the following:

To pay my child's club fees and understand that there are no refunds, credits or reductions to the Payment Plan Agreement; that the above outlined dues are payable to Texas Xtreme FC and will be set up online and automatically deducted from either your credit card or bank account on the 15th of each month as chosen during your online registration.

If there are any questions or problems, please contact our Treasurer, Philip Summers by email at psummers@iscgroup.com, by phone at 817-335-4600 (office) or 817-253-5076 (cell) or by mail at 1305 Arboledas Lane, Keller TX 76248.

Texas Xtreme FC follows a "**NO PAY, NO PLAY**" policy, which means that a failure to pay as agreed herein may result in the player's not being permitted to play. The player will not be allowed to participate in a league or tournament game with his/her club team until such time that their account is brought current. This includes any penalties in the form of late fees assessed by the Club at its discretion.

TEXAS XTREME F.C

Notes

- **Team App:** Team Snap - App that the Club is going to use. A signup link will be provided by the team manager. Teams may use another app for communication so please make sure to check with the manager.
- **Website:** texasxtremefc.com is now mobile friendly.
- **Fitness Camp:** July 6th - 9th . Evening Only (5:30-8:30pm)
July 13 - 16th. Evening Only (5:30-8:30pm)
Colleyville practice Fields. More Information under Camps on the website.
- **Practice Schedule:** Tuesday & Thursday
- **Managers:** Our managers are volunteers, Please treat them with respect and appreciate their time giving to the team.
- **Weather:** We try to do our best when rain, storms or possible dangerous events happen. We can not predict the weather but will do our best to make the right decision early during the day as possible.
- **Coaches:** We take the approach that all coaches and teams are one. It is not uncommon to have several coaches at the games. All of the coaches will be working with your team sometime during the year.
- **Website:** Please check the website for updates along with your emails.
- **Treasure:** Phillip Summers - 817.605.7837 (Financial Questions)



Welcome to Texas Xtreme Futbol Club!

To ensure your player's position on our roster we need many items returned to us in a timely manner. You will find a helpful checklist below to help you keep track of all paperwork and payments needed. In an effort to streamline this process, we have attached all paperwork needed to this document. Please print, complete and bring to your Team Manager on July 1st at Try-Outs. If you need printed copies or have any questions, please contact your Team Manager.

Thanks,
Texas Xtreme Staff

Items Needed	Notes	Completed
Player Contract		
NTSSA Membership Form		
Medical Release Form		
Copy of Birth Certificate		
Payment Plan Agreement		
Payment		