

NORTH TEXAS STATE SOCCER ASSOCIATION

COMPETITIVE REGISTRATION FORM





Player Information □ NEW PLAYER	☐ RETURNING PLAYER	☐ MALE ☐	FEMALE	20 20 Seasonal Yea	ar
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 shoul	d be aware of				_
Emergency Contact Information (name,	phone number)				_
his/her family. RELEASE FROM A COMPETITIVE TEAM players from the time he signs a contr soccer year). Release to transfer to an player's current coach may be granted the release form or transfer request for his designee, with all parties being ir and March 15 for 15U through 19U circumstances, and only after receiving must be made directly to the Executive recreational player pool at any time or released from their competitive team a has disbanded, or medical documentat rostered to a recreational team and wis	I 3.10.7 A competitive act until the end of the nother NTSSA competit at any time on or prior to trm, will be scheduled for vited to attend. This shapping input from the coach of Committee of NTSSA wifur or prior to April 1 of the fter April 1, as no recreation the player has been hing to be released to jour Association in which he	(select) player is obligat subsequent soccer playing ive team will be allowed to April 1. Any request for a Competitive Soccer Control of a Competitive Soccer Control of a Competitive Committee may a portion of the committee of the control	ted to his competitive to ng year (August 1 of the under the following of transfer that is not appro- ommittee hearing that so dates of December 1 and grant transfers prior to that of the decision of the er may leave a competitive that the written permission table. (Exceptions: played play the remainder of ay do so only between I	team for the soccer-playing year for core prior soccer year through June 30 of the recursion of the player's current coach, as indicated by the player's current coach, as indicated by the NTSSA Youth Commod January 31 for 11U through 14U and Decide and the start of the fall season in extremel the competitive Soccer Committee after the verteam and go into his home Member As on of the Youth Commissioner. Players may have moved outside NTSSA territory, current the soccer year.) Any recreational player December 1 and March 15 and may do so on form must be completed prior to the	mpetitive e current ed by the icated on missioner cember 1 ly limited e hearing ssociation ay not be rent team currently only with
RECOGNIZING THE POSSIBILITY OF PH ASSOCIATION, INC., UNITED STATES S "SOCCER PARTIES") ACCEPTING THE R OTHERWISE INDEMNIFY THE "SOCCER FACILITIES UTILIZED FOR THE "PROGRA THE "PROGAMS" AND/OR BEING TRANS BY MY SIGNATURE BELOW, I CONFIRM SPECIFIC ISSUE, CONDITION, OR AILMEI HAVE AN ATHLETIC TRAINER AND/OR I AGREE TO BE RESPONSIBLE FINANCIALL	YSICAL INJURY ASSOCIATION, U EGISTRANT FOR ITS SO PARTIES" AND THEIR S MS" AGAINST ANY CLA SPORTED TO OR FROM T THAT MY SON/DAUGH NT THAT MY CHILD HAS DOCTOR OF MEDICINE C Y FOR THE REASONABLE ES" THE RIGHT TO USE	NITED STATES YOUTH SO CCER PROGRAMS AND A SPONSORS, EMPLOYEES A IM BY OR ON BEHALF OF THE SAME, WHICH TRANS TER IS PHYSICALLY CAPAE OR THAT MAY IMPACT M OR DENTISTRY PROVIDE M E COST OF SUCH ASSISTAN THE PLAYERS NAME, PIC	OCCER ASSOCIATION, A ACTIVITIES (THE "PROGI AND ASSOCIATED PERSO THE REGISTRANT AS A PORTATION I HEREBY AI BLE OF PARTICIPATING I IY CHILD'S PARTICIPATICI IY SON/DAUGHTER WITH NCE AND/OR TREATMEN	N THE "PROGRAMS". I HAVE NOTED ABO ON IN THE PROGRAMS. I HEREBY GIVE CON H MEDICAL ASSISTANCE AND/OR TREATM T. S IN PRINTED, BROADCAST AND OTHER N	TES (THE AND/OR ELDS AND ATION IN OVE, ANY NSENT TO IENT AND