



NORTH TEXAS STATE SOCCER ASSOCIATION
RECREATIONAL REGISTRATION FORM
Revised 2-1-16



Player Information [ ] NEW PLAYER [ ] RETURNING PLAYER [ ] MALE [ ] FEMALE 20\_\_ 20\_\_ Seasonal Year [ ] FALL [ ] SPRING

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 # of Year's Played

YXS YS YM YL AS AM AL AXL

Shirt Size (circle one)

I would like to donate \$\_\_\_\_\_ to provide a child the opportunity to participate in the program I am registering for.

Parent Volunteer Support: [ ] Coach [ ] Assistant Coach [ ] Manager [ ] Referee [ ] Board Position [ ] Fundraising [ ] Other:

Important Information:

Youth Players may only be registered with one North Texas State Soccer Association sanctioned team at any given time during the soccer year (July1-June 30). By signing this form, you are confirming that you have not registered your child for another team within North Texas Soccer this soccer year, unless a transfer has been granted within the rules of North Texas Soccer.

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 "PROGRAMS" 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 RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS". [ ] YES [ ] NO

Signature of Parent/Legal Guardian

Date

FOR MEMBER ASSOCIATION/LEAGUE USE ONLY

Amount Paid \$\_\_\_\_\_ [ ] Cash [ ] CC [ ] Check# \_\_\_\_\_ Balance Due \$\_\_\_\_\_

Verified Birth Certificate [ ] YES [ ] NO Waiting on Financial Assistance \_\_\_\_\_ Staff \_\_\_\_\_