

Academy **Player**

REGISTRATION FORM





OFFICIAL USE ONLY

IMPORTANT Registration Instructions:

Fall _____ Spring _____ 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, Date:_____ Date:____ 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 Home Association: 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 Coppell Youth Soccer Assoc. 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 Registrar's Phone #: home association registrar each time they participate with an Academy. Players may join as many Soccer 972-304-0886 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 Registrar's Email: 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 info@coppellyouthsoccer.com 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 Registrar's play for one team in a tournament. Violation of this rule shall result in sanction against the offending party Signature: (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 anytime. League Academy Boys **Player** U09 ____ U07 ___ Registration #: U08 U10 Girls **Player's First Name:** Player's Last Name: Apt #: **Street Address:** City: St: TX Phone #: DOB: **Zip Code:** Age: Sex: Work Phone #: Cell Phone #: Father's Name: Work Phone #: Cell Phone #: Mother's Name: E-Mail Address: Phone #: Person in an emergency: Phone #: **Doctor to Notify: IMPORTANT** OFFICIAL USE ONLY 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 Birth Date Verified Yes No 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, Registration Fees \$____ 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. Check # _____ Parent/Legal Guardian (please print) Signature: X 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

ille, timb or well-being of my dependent.	
Signature of Parent or Guardian X	
Address:	Apt #:
City:	<u>TX</u> Zip code:

Bus.: (

Phone: Home ()

