



Revised 3/2000

NTSSA/USYS Membership Form
COMPETITIVE PLAYERS



ID#: _____ TEAM NAME: _____ Age Group: U- _____

Player Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt. #: _____

City: _____ ST: TX Zip Code: _____

Phone #: () Sex: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Year of Graduation: _____

Father's Name: _____ Work Phone #: ()

Mother's Name: _____ Work Phone #: ()

E-Mail Address: _____

Doctor: _____ Phone #: ()

Emergency: _____ Phone #: () Relationship: _____

IMPORTANT (Must Read)

I, the parent/ Guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organization and sponsors, their 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.

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:

I, The parent/legal guardian and player listed above fully understand that a competitive (select) player is obligated, to his/her competitive team for the soccer playing year for competitive players (September 1 through May 31) . Any release to transfer to another NTSSA competitive team will be allowed only in limited circumstances. A written request for a release with the purpose of being able to transfer to another competitive team must be filed with the NTSSA office to be decided upon by the Competitive Soccer Committee which shall be chaired by NTSSA Youth Commissioner or his designee. This shall be done between the dates of December 1 and January 31 for U11 through U14 and December 1 and March 15 for U15 through U19 only. **Upon receipt of the written request for transfer to the player's current coach or manager for a written response. The Competitive Committee will render a decision based on the written reports received. Any appeal of this decision must be received by the NTSSA office in writing within five (5) days of receipt of the original decision and must be accompanied by fee of \$50 (Refundable at the Competitive Soccer Committee's discretion). **Upon receipt of the appeal, the Competitive Committee will schedule a hearing with all parties being invited to attend. 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/her home Member Association recreational player pool at any time **before April 30 of the current soccer year with written permission of the Youth Commissioner. 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/she is currently rostered. A competitive player registration form must be completed prior to the player's transfer to a competitive team. ** Denotes Rule Change July 1999

I the parent/legal guardian and player have read and understand the above:

Print Parent/legal guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Print Player's Name: _____

Player Signature: _____ 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 necessary to preserve the life, limb, or well being of my dependent.

Signature of Parent/Legal Guardian: _____ Date: _____

Street Address: _____ Apt #: _____ Phone #: ()

City: _____ ST: TX Zip Code: _____

REGISTRATION FEES WILL NOT BE REFUNDED

