



# Academy Player REGISTRATION FORM



### IMPORTANT

#### Registration Instructions:

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, 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 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 academy team. Players may participate with any academy program regardless of their home association address. Player participation in academy competitions does not guarantee playing time and players may move to other academy teams at anytime. Academy players are limited to one (1) practice per week with each of their academy teams. Academy players may only play in one (1) academy game per week, except tournaments. Under 7 and Under 8 players may participate with Academy teams for one practice only per week and may not compete in more than one (1) Academy league or scrimmage game per week. (Academies are a sanctioned recreational league with North Texas State Soccer Association operated thru registered member associations) Violation of this rule shall result in sanction against the offending party (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**

### OFFICIAL USE ONLY

Fall 2011 \_\_\_\_\_ Spring 2012 \_\_\_\_\_

Date: \_\_\_\_\_

Home Association: Coppel Youth Soccer Assoc.

Registrar's Phone #: 972-304-0886

Registrar's Email: info@coppellyouthsoccer.com

Registrar's Signature: \_\_\_\_\_

League Academy	_____ Boys	
U07 _____ U09 _____		
U08 _____ U10 _____	_____ Girls	

Player Registration #:

Player's Last Name: \_\_\_\_\_ Player's First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ TX \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Person in an emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor to Notify: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any Medical Problems: \_\_\_\_\_

### IMPORTANT

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 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, 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.

Name: \_\_\_\_\_  
Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Birth Date Verified Yes No

Registration Fees \$ \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

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 life, limb or well-being of my dependent.

Signature of Parent or Guardian X \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ TX Zip code: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) Bus.: (\_\_\_\_\_) \_\_\_\_\_

### Required To Participate In Academy Tournaments

Sworn to and subscribed before me on the \_\_\_\_\_

day of \_\_\_\_\_, Yr \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_