



NTSSA/USYS Membership Form COMPETITIVE PLAYERS



Revised 4/2005

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: _____

Email Address of Player: _____

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:

3.10.7 A competitive (select) player is obligated to his competitive team for the soccer-playing year for competitive players from the time he signs a contract until the end of the subsequent soccer-playing year (August 1 of the prior soccer year through June 30 of the current soccer year). 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 the NTSSA Youth Commissioner or his designee. This shall be done between the dates of December 1 and January 31 for U-11 through U-14 and December 1 and March 15 for U-15 through U-19 only. Upon receipt of the written request for transfer, the NTSSA office will forward a copy of the 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 a 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 home Member Association recreational player pool at any time before April 1 of the current soccer year with the written permission of the Youth Commissioner. ****Players may not be released from their competitive team after April 1**, as no recreational player pool is available. 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 is currently rostered. A competitive registration form must be completed prior to the players' transfer to a competitive team.

**** Denotes Rule Change July 2004**

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: _____