



Recreational Membership Form

Did you play Spring 2018?

Yes or No

Team: _____

REGISTRATION FEE IS NON-REFUNDABLE

School: _____

Must indicate School the player ATTENDS

Last name: _____ First name: _____ Middle initial: _____

Street address: _____ Apt. #: _____ City: _____ ST: _____

Zip code: _____ Best contact number: _____ DOB: _____ Gender: _____

E-mail address: _____ Cell phone provider (for text blasts): _____

Father's name: _____ Cell phone: _____ Text? _____

Mother's name: _____ Cell phone: _____ Text? _____

Is this the first time your child has played soccer? Yes No

Do you want your child placed on a different team? No Yes (Automatic repool when entering 9U)

Quiere que su hijo/hija sea colocado en un equipo diferente? No Sí (Cambio automático de equipo cuando entra a 9U)

Shirt size: Youth XS S M L Adult XS S M L XL

Short size: Youth XS S M L Adult XS S M L XL

IMPORTANT

Youth players may only be registered with one North Texas Soccer Association sanctioned team at any given time during the soccer year (July 1-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.

Recognizing the possibility of physical injury associated with soccer participation and in consideration for North Texas 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 the 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 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.

Name: _____

Signature of Parent/Legal Guardian

Date

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Circle area(s) in which you would be willing to help.

- Coach
Assistant Coach
Team Parent
Sponsor
Referee
Commissioner
Field Monitor

ZERO TOLERANCE POLICY

The Soccer Association asks that every adult respect the authority of the officials, all players and coaches. To this end, we have adopted the following policy:

If you as a spectator, coach, or attending family member/friend are asked to leave the Lear Soccer Complex at any time during a GLSA-sponsored event by a Commissioner, Board Member, or Head Official because of your conduct, then your player will be suspended until you pay a \$50.00 cash fine.

By signing below, you also accept the responsibility of notifying anyone related to your child of this policy.

Signature of Parent/Legal Guardian

OFFICIAL USE ONLY

Age verified DOB: _____

Registration fee \$ _____

Total received \$ _____

Cash Check # _____

Credit Card last 4 digits _____

Date _____ Zero Tolerance Policy Signed _____

PLEASE FILL OUT MEDICAL RELEASE FORM ON THE BACK