



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.

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 _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Allergies: _____

Other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I confirm that my son/daughter is physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian _____ Date