

Welcome to the TEXAS SUMMER CLASSIC

August 13 • 15, 2010



## Registration and Tournament Information

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- Team Check-In Sheet
- Guest Player Release Form
- Game Roster & Misconduct Report
- Medical Release Form
- USYS Application to Travel
- NTSSA Academy Tournament Roster
- Academy Player (PAL) Registration Form

## REGISTRATION - Check List (What to Bring)

### COMPETITIVE TEAMS (U11 – U19)

- ✓ Team Check-In Sheet
- ✓ Official Team Roster
- ✓ Original Guest Player Release (if applicable)
- ✓ Notarized Medical Release
- ✓ Game Roster & Misconduct Report (6 copies)
- ✓ Travel Teams (outside NTSSA)
  - USYS Travel Authorization
  - Travel ID cards (player, coaches and managers)

### ACADEMY TEAMS (U9 – U10)

- ✓ Team Check-In Sheet
- ✓ NTSSA Academy Tournament Roster
- ✓ Academy Player (PAL) Registration Form for each player listed on NTSSA Academy Tournament Roster
- ✓ Medical Release included on PAL Registration Form.
- ✓ Game Roster & Misconduct Report (6 copies)

The following forms are available on our website at [www.ayses.com](http://www.ayses.com), follow the “Tournaments” link.

- Team Check-In Sheet
- Guest Player Release Form
- Game Roster & Misconduct Report
- Medical Release Form
- USYS Application to Travel (PDF format only)
- NTSSA Academy Tournament Roster
- Academy Player (PAL) Registration Form

1. **TEAM CHECK-IN SHEET.** All teams must submit a completed *Team Check-In Sheet* at time of registration.

2. **OFFICIAL TEAM ROSTER.**

- a. **COMPETITIVE TEAMS.** Submit one copy of your *Team Roster* for the current playing season signed by your home association registrar and coach. *Team Roster* must have the current player numbers shown. **Note:** If any adds or delete have not been adjusted on your *Team Roster*, the approved *Add/Transfer/Delete Sheet* must be submitted along with your *Team Roster*.
- b. **ACADEMY TEAMS.** Submit one copy of your *NTSSA Academy Tournament Roster*
  - i. Complete including each player’s NTX registration number
  - ii. Signed by both the Association Registrar and Coach. Registrars include PYSA, PSA, MSA, etc.

3. **ORIGINAL GUEST PLAYER RELEASE.**

- a. **COMPETITIVE TEAMS.** Maximum of five guest players allowed. A *Guest Player Release Form* must be complete with signatures. The original *Guest Player Release* must be submitted at time of registration.
- b. **ACADEMY TEAMS.** No guest players allowed.

4. **GAME ROSTER & MISCONDUCT REPORT (6 copies).**

- a. **COMPETITIVE TEAMS:** Each team must submit six (6) copies of *The Game Roster & Misconduct Report*. One copy will be kept for roster and medical release verification, five copies will be returned for submitting to the referee before each game.
- b. **ACADEMY TEAMS:** Each team must submit six (6) copies of *The Game Roster & Misconduct Report*. One copy will be kept for roster and medical release verification, five copies will be returned for submitting to the referee before each game.

5. **NOTARIZED MEDICAL RELEASE**

- a. **COMPETITIVE TEAMS.** A notarized Medical Release is required for each player, including all guest players. The one completed at the beginning of the year is valid for tournament play as long as it is notarized. Registration will verify each player's Medical Release; we will not keep a copy.
- b. **ACADEMY TEAMS.** The notarized Medical Release is located on each player's Academy Player (PAL) Registration Form, required for each player. Registration will verify each player's PAL form for Medical Release information; no copies will be kept.

6. **TRAVEL TEAMS.** USYS Travel Authorization and ID cards must be submitted at time of registration.

- a. **PROCEDURES TO TRAVEL WITHIN THE UNITED STATES**
  1. Not later than the date established by the State Association or Affiliate for submitting an *Application to Travel*, the team must submit to its State Association or Affiliate for approval the following—
    - (1) a completed *Application To Travel*; **an incomplete application will be returned and considered as not having ever been submitted;**
    - (2) a *Roster* that has been signed, stamped, or both, by the appropriate registrar and includes all players and team officials;
    - (3) for the competition in which the team is to participate, a copy of the **APPROVED Application to Host a Tournament or Games** (if hosted by an Organization Member of US Youth Soccer) or the approved hosting form used by (A) a member of an Organization Member or the Organization Member itself that is not a member of US Youth Soccer, or (B) US Soccer; and
    - (4) any fees required by the State Association or Affiliate for processing the application.
- b. Teams outside NTSSA, must submit at time of registration one copy of the USYS Travel Authorization provided by your team's state association. (See Item a. above)
- c. Travel ID Cards. Travel ID cards for each player, coach and manager issued through your team's home association will be verified at time of registration. ID cards must be signed and stamped by your State Association.

## TEAM CHECK IN SHEET

*Each team completes this form and give to Registration.*

<b>Team Name:</b>	
<b>Age Group:</b> <i>(On Official Roster)</i>	
<b>Age Group Playing In:</b>	
<b>Circle One:</b>	<b>GIRLS</b> <b>BOYS</b>

**Contact Person, Phone Number and Email Address where your team can be reached during the tournament.**

<b>HOTEL NAME:</b>	
<b>HOTEL CITY:</b>	

<b>Contact Person</b>	
<b>Local Phone Number</b>	

<b>Alternate Contact</b>	
<b>Local Phone Number</b>	

### CHECK LIST FOR REGISTRATION

*Please make sure all information is complete and correct.*

TEAM CHECK BEFORE COMING TO REGISTRATION	DOCUMENTS REQUIRED	<small>FOR OFFICE USE ONLY</small> REGISTRATION CHECK
	COMPLETED TEAM CHECK IN SHEET (this sheet).	
	<u>KEEP ONE COPY OF CURRENT ROSTER</u> (Fall 2009) SIGNED BY THE REGISTRAR AND COACH	
	<u>KEEP ORIGINAL GUEST PLAYER RELEASE(S)</u> Max. Of 5 U11-U19. No guest players allowed for Academy	
	Travel Teams Only: - APPROVED COPY OF USYS APPLICATION TO TRAVEL - VERIFY ID CARDS: PLAYERS, COACHES, MGRS.	
	<b>6 COPIES GAME ROSTER AND MISCONDUCT REPORT</b> MUST BE TYPED - 1 copy will be kept for our records	
	VERIFY MEDICAL RELEASES NOTARIZED FOR EACH PLAYER (including Guest Players)	
--	GIVE COACH /MANAGER PACKET WITH <u>SCORE CARDS</u>	

CHECK IN BY \_\_\_\_\_



1740 S I-35, Suite 105  
 Carrollton, TX 75006  
 Fax 972-242-3600  
 972-323-1323

**GUEST PLAYER  
 RELEASE FORM  
 Only**

*Affiliated with the United States Federation and  
 Federation Internationals de Football Association*

[www.ntxsoccer.org](http://www.ntxsoccer.org)

Revised 6-2005

(Please put X in appropriate boxes)

<b>Player Name:</b>				<b>Rec:</b>	<b>Comp:</b>	<b>Boys:</b>	<b>Girls:</b>
<b>Address:</b>				<b>Phone #:</b>			
<b>City:</b>		<b>State:</b> <u>TX</u>	<b>Zip Code:</b>		<b>Birth Date:</b>		
<b>Name of Releasing Team:</b>					<b>Team Age Group:</b>		

(If recreational team, Home Association must sign at the bottom)

**GUEST PLAYER RELEASE FORM ONLY**

**NORTH TEXAS SOCCER GUEST PLAYER RULE (See complete rule in NTSSA Rule Book)**

- 4.7.1 When traveling out of NTSSA for friendly or tournament games, NTSSA shall allow the use of the number of guest players that is allowed by the tournament or hosting organization.
- 4.7.1-2 The recreational guest player may not be added to the hosting team's **recreational** roster for the remainder of the current soccer year, and all of the following soccer year.
- 4.7.2 For all tournament games held within NTSSA teams will be allowed up to 3 guest players for Recreational and 5 guest players for Competitive, providing the hosting organization allows guest players. The guest player shall be in accordance with the rule 4.7.1-1, 4.7.1-2, and 4.7.1-3.
- 4.7.3 Coach must have appropriate signatures before turning into the tournament director.
- 4.7.4 Guest players may practice with the team on which they are a guest player only if the dates for the practices are included on the guest player release signed by the guest player's registered coach. Violators of this rule are subject to discipline under the rules governing use of ineligible players.
- 4.7.5 A player on a select/competitive team player may not participate as a guest player for a recreational team unless the team is playing in an open or select/competitive tournament

**GUEST PLAYER REQUEST (List only one tournament per form)**

<b>Tournament Name:</b>		<b>City:</b>	
<b>Tournament Starting Date:</b>		<b>Tournament Ending Date:</b>	
<b>Dates of Practice before tournament:</b>			
<b>Name of Team Guest Playing for:</b>		<b>Age Group</b>	<b>U-12</b>

*If player is guest playing for an out of state team fill out the Region III Permission to Guest Play on Internet [www.ntxsoccer.org](http://www.ntxsoccer.org)*

**SIGNATURES**

**Player Signature:** \_\_\_\_\_ **Registration #:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Player must Sign

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Parent of Guest Player must sign

**Releasing Coach:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Releasing Coach must sign - **(COACH'S SIGNATURE ONLY -- NO D. O. C. -- NO Manager)**

**Receiving Coach:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Receiving Coach must sign - **(COACH'S SIGNATURE ONLY -- NO D. O. C. -- NO Manager)**

**Home Assoc. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Home Association only signs when Recreational Player is Guest Playing

**NTSSA Youth Commissioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Youth Commissioner only signs when Guest Playing out of North Texas Soccer

*This Release is not valid until all appropriate signatures are present and see Applicable rules summary at top of the form.*



# MEDICAL RELEASE FORM

As the parent/legal guardian of:

Name of Player: \_\_\_\_\_

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players birth: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Phone #: ( ) - \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: TX

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # H: ( ) - \_\_\_\_\_ Work #: ( ) - \_\_\_\_\_

\_\_\_\_\_  
Medical and/or Hospital Insurance Co Phone #: ( ) - \_\_\_\_\_

\_\_\_\_\_  
Policy Holder Policy Number

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, Yr \_\_\_\_\_

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

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



**US Youth Soccer**  
A Proud Member of US Soccer

Affiliated with the Federation Internationale de Football Association



Please Type or Print Clearly - Do Not Staple

Please Type or Print Clearly - Do Not Staple

**I. APPLICATION TO TRAVEL**

Everyone requesting permission to travel **must** fill out this section.

Team Name \_\_\_\_\_ Age Group U- \_\_\_\_\_ Type of Team (see reverse side) \_\_\_\_\_ B / G (circle one)  
League or Home Association \_\_\_\_\_ State Association or Affiliate \_\_\_\_\_ Team Departure Date \_\_\_\_\_  
Team Manager or Coach \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W  
Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

I state that during the dates below, the team has no conflicting playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation.

Signature of Team Manager or Coach \_\_\_\_\_ Date \_\_\_\_\_

**II. TRAVEL TO A TOURNAMENT**

If you are requesting permission to travel to a tournament, you **must** fill out this section.

A copy of the approved Hosting Agreement or official brochure for this tournament **must** be attached.

We request approval to play in the \_\_\_\_\_ Tournament, to be held in \_\_\_\_\_  
\_\_\_\_\_, during the dates of \_\_\_\_\_

Tournament Director or Contact Person \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W  
Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

**III. TRAVEL TO PARTICIPATE IN GAMES**

If you are requesting permission to travel to participate in games, you **must** complete this section.

A copy of the approved hosting form or, if outside the US, a copy of the official brochure, pamphlet, invitation, or other applicable material about the tournament or games must be attached.

We request permission to play games between the dates from \_\_\_\_\_ to \_\_\_\_\_ in the following locations (and attach a separate sheet, if necessary):

OPPONENT	CITY	STATE OR COUNTRY
1. _____		
2. _____		
3. _____		

Hosting Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone ( ) - \_\_\_\_\_ W  
Address \_\_\_\_\_ E-mail \_\_\_\_\_ ( ) - \_\_\_\_\_ H  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ ( ) - \_\_\_\_\_ FAX

**APPROVAL**

(For Official Use Only)

STATE ASSOCIATION OR AFFILIATE \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

In granting this permission to travel, neither US Youth Soccer nor its State Associations or Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.

**DISTRIBUTION:** ?Team (White) / ? State Association/Affiliate (Canary)

## I. PROCEDURES TO TRAVEL WITHIN THE UNITED STATES

1. Not later than the date established by the State Association or Affiliate for submitting an *Application to Travel*, the team must submit to its State Association or Affiliate for approval—

- (1) a completed *Application To Travel*; **an incomplete application will be returned and considered as not having ever been submitted;**
- (2) a *Roster* that has been signed, stamped, or both, by the appropriate registrar and includes all players and team officials;
- (3) for the competition in which the team is to participate, a copy of the **APPROVED** *Application to Host a Tournament or Games* (if hosted by an Organization Member of US Youth Soccer) or the approved hosting form used by (A) a member of an Organization Member or the Organization Member itself that is not a member of US Youth Soccer, or (B) US Soccer; and
- (4) any fees required by the State Association or Affiliate for processing the application.

2. **The State Association or Affiliate is not required to approve any application not timely submitted. If an application is not timely submitted, the State Association or Affiliate may accept the late filing of the application and charge a late fee. Consult the team's State Association or Affiliate for its specific policies and fees.**

3. **If the documents referred to in paragraph 1 are in order and in compliance with State Association or Affiliate requirements, appropriate fees paid, and the team and the club or league of which the team is a member are in good standing, the State Association or Affiliate shall approve the application. On approval, the State Association or Affiliate will return a copy of the approved application to the team coach or manager.**

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## II. PROCEDURES TO TRAVEL OUTSIDE THE UNITED STATES

1. Not later than the date established by the State Association or Affiliate for submitting an *Application to Travel*, the team must submit to its State Association or Affiliate for approval—

- (1) a completed *Application To Travel*; **an incomplete application will be returned and considered as not having ever been submitted;**
- (2) a copy of the official brochure, pamphlet, invitation, or other applicable material of the tournament or games host;
- (3) 4 copies of the *Roster* that has been signed, stamped, or both, by the appropriate registrar and includes all players and team officials;
- (4) a copy of the completed US Soccer forms *Application For Foreign Travel* and *Certification Regarding Compliance with the Ted Stevens and Olympic Amateur Sports Act*, **submitted directly to US Soccer**; and
- (5) any fees required by the State Association or Affiliate for processing the application.

**NOTE: WHEN TRAVELING OUTSIDE THE UNITED STATES, A TEAM MUST FILE 2 SETS OF APPLICATIONS AND HAVE BOTH APPROVED: (1) A US YOUTH SOCCER APPLICATION TO TRAVEL, INCLUDING ATTACHMENTS, MUST BE FILED WITH ITS STATE ASSOCIATION OR AFFILIATE AND APPROVED BY THE STATE ASSOCIATION OR AFFILIATE, AND (2) A US SOCCER APPLICATION FOR FOREIGN TRAVEL AND CERTIFICATION MUST BE FILED WITH US SOCCER AND APPROVED BY US SOCCER. BOTH APPLICATIONS MUST BE APPROVED BEFORE A TEAM MAY TRAVEL OUTSIDE THE UNITED STATES.**

2. **The State Association or Affiliate is not required to approve any application not timely submitted. If an application is not timely submitted, the State Association or Affiliate may accept the late filing of the application and charge a late fee. Consult the team's State Association or Affiliate for its specific policies and fees.**

3. **If the documents referred to in paragraph 1 are in order and in compliance with State Association or Affiliate requirements, appropriate fees paid, and the team and the club or league of which the team is a member are in good standing, the State Association or Affiliate shall approve the application. On approval, the State Association or Affiliate will return a copy of the approved application to the team coach or manager.**

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### RECOMMENDED DEFINITIONS OF TEAMS (Place corresponding letter in appropriate space on application.):

- A INTRA-CLUB TOURNAMENT TEAM:** a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes only players who are members of one club.
- B INTER-CLUB TOURNAMENT TEAM:** a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes players who are members of more than one club.
- C RECREATIONAL TEAM:** a team which participates in a RECREATIONAL LEAGUE.
- D RECREATIONAL PLUS TEAM:** a team which participates in a RECREATIONAL PLUS LEAGUE.
- E RECREATIONAL ALL-STAR TEAM:** an INTRA-CLUB TOURNAMENT TEAM whose roster only includes players selected from teams which participate in the same RECREATIONAL or RECREATIONAL PLUS LEAGUE.
- F CLASSIC TEAM:** a team which participates in a CLASSIC LEAGUE.
- G LEAGUE TEAM:** a team which participates in regularly scheduled league play.
- H PREMIER TEAM:** a team which participates in a PREMIER LEAGUE.
- I SELECT TEAM:** the official SELECT (all-star) TEAM of US Youth Soccer, any of its regions, a State Association, an Affiliate, other Organization Member, or any district or geographical subdivisions thereof, or any league.
- J OTHER:** attached description of team if it does not fit any of the above definition



# ACADEMY TOURNAMENT ROSTER

Team Registration Roster

Type or Print ONLY FALL 200 SPRING 200



Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B <u>    </u> G <u>    </u>		B <u>    </u> G <u>    </u>

Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order NTX Reg# is Mandatory for every player.	<b>Name of Tournament And Dates Team Is Entering:</b> <b>Tournament:</b> _____ <b>Dates:</b> _____
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Coach etc.	Name (Last Name, First)	Sex	Address	City	Zip	( ) H Phone	( ) W Phone	Email Address
C								
AC								
Mgr								

Name (Last Name, First)	Sex	Jer#	Address	City	Zip	( ) Phone	DOB	NTX Reg. #
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								

I certify that the above information is true and correct. Signed: Coach \_\_\_\_\_ Date: \_\_\_\_\_

Association Registrar: \_\_\_\_\_ Date: \_\_\_\_\_ Coaches License \_\_\_\_\_



# 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. **U-7 & U-8 players may participate with an Academy Practice only once per week and may not compete in any games (league, tournament, or scrimmage).** (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

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

Home Association: \_\_\_\_\_

Registrar's Phone #: \_\_\_\_\_

Registrar's Email: \_\_\_\_\_

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

League Academy

U10 \_\_\_\_  
U09 \_\_\_\_

Practice Only Academy

U08 \_\_\_\_  
U07 \_\_\_\_

U \_\_\_\_ Boys

U \_\_\_\_ 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 \_\_\_\_\_