



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: _____

PLAYER MEDICAL RELEASE



As the parent/legal guardian of (player's name): _____

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.

Player's Date of Birth: _____ Date of Last Tetanus Booster: _____

Allergies: (please list) _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Name of Parent/Guardian: _____

Street Address: _____

City: _____ State: **TEXAS** Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to Notify if Parent/Guardian in Unavailable: _____

Street Address: _____

City: _____ State: **TEXAS** Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical and/or Hospital Insurance Co.: _____ Phone: _____

Name of Policy Holder: _____ Policy Number: _____

Signature of Parent/Guardian: _____ Date: _____

Sworn to and subscribed before me on the _____ day of _____, Year _____

Notary Public: _____ My Commission Expires: _____

COMPLETE & RETURN TO TEAM MANAGER



TLSC LIABILITY RELEASE

As a registered Player with the North Texas State Soccer Association, each player has medical insurance coverage for NTSSA soccer related injuries. It is highly recommended, however, that each player carry personal medical insurance.

My player has insurance from: School: _____ Personal: _____ other: _____

My player does **not** have insurance: _____

Name of Insurance Company: _____

Policy in the Name of: _____

Insurance Policy Number: _____ Group Number (if applicable): _____

Insurance Company Telephone Number: (_____) _____

LIABILITY RELEASE

By my signature below, I certify that my child _____ has had a physical within the past 12 months and is physically sound and is able to participate in the sport of soccer.

It is understood that even though protective equipment is worn by the player whenever needed, the possibility of an accident still remains. The Texas Longhorns Soccer Club assumes no responsibility in case an accident occurs. I will not hold the Texas Longhorns Soccer Club, its facilities, its staff (salaried or non-salaried), liable for any accident which may occur or payments, fees, fines or further obligations incurred that may be associated with the sport of soccer. I hereby release the Texas Longhorns Soccer Club, its Board of Directors, officers, staff, (salaried or non-salaried), and agents, from all claims, demands, actions, and causes of actions of every nature. Further, I agree to indemnify, defend and hold the Texas Longhorns Soccer Club, its Board of Directors, officers, staff (salaried or non-salaried), and agents harmless from all liabilities, claims, cost, expenses, including those arising from, or caused by, any negligent acts or omissions of Texas Longhorns Soccer Club, its Board of Directors, officers, staff (salaried and non-salaried), agents.

If, in the judgment of any representative of the Texas Longhorns Soccer Club, the above player should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said player by any physician, trainer, nurse or Texas Longhorns Soccer Club representative and I do hereby agree to indemnify and save harmless the Texas Longhorn Soccer Club and any trainer or hospital representative from any claim by any person whomsoever on account of such care and treatment of said player. If at any time any illness or injury should occur that may limit this player's participation, I agree to notify Texas Longhorns Soccer Club authorities of such illness or injury.

I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT:

(Both parents/guardians must sign)

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



PLAYER CONTRACT

- A. Practice and game bag properly packed, check list below:
1. **TLSC practice t-shirts, shorts and socks**
 2. **Properly inflated white soccer ball. Dark soccer balls are difficult to see at night.**
 3. **Water Jug (no plastic water battles!!)**
 4. **Sneakers**
 5. **Soccer sandals**
 6. **Light jacket or sweatshirt in case of bad weather**
 7. **Dry pair of socks**
 8. **Shin guards**
 9. **At games, 2 complete uniforms and warm ups**
- B. Shin guards worn at all practices and games.
- C. Check team emails or TLSC website (www.longhorns.org) for updates, field conditions and team news.
- D. Punctuality and a professional appearance are required at all times. This includes socks pulled over shin guards, bags lined up properly, shirts tucked in, etc. Be at all games **45 minutes** prior to start and arrive at practices **15 minutes** before start or refer to your coach's guidelines for above.
- E. In the event of tardiness, players should be dressed and ready for competition upon arrival. No walking to the field late and then applying tape, shin guards, etc.
- F. Always dress in TLSC gear, at all practices and games, and have shirts tucked in and socks pulled up.
- G. Communicate with coach, manager, and parents to avoid problems.
- H. Practice, games, tournaments, and travel are mandatory unless excused by the coach with proper notice. Injured players are required to attend all functions. Please call the coach to report illnesses, injuries, conflicts and absences.
- I. Submit copy of grades, report cards to manager and coach. These grades will remain confidential between you and the coach/manager and will not be shared on an individual basis. Each player is expected to maintain passing grades.
- J. Professional conduct on and off the field at all times, this includes language, dissent towards teammates, opponents, referees, coaches and parents.
- K. All bags must be lined up in an orderly fashion on the sidelines for all practices and games.
- L. Playing for the Texas Longhorns Soccer Club is a privilege and coaching you as a player is a privilege. Please **be appreciative of your parents and coaches spending their time and money to construct an environment where you can grow as a player and as a person, and at the same time enjoy yourself.**
- M. Please eat and drink properly. Avoid soft drinks and junk food. At practices and games drink plenty of water. Sports drinks are allowed after competition.
- N. Professional conduct and appearance lead to playing like a professional.
- O. Always have protection on your feet, such as sandals, shoes, etc.
- P. Club skills are for every club player to get better. Please take advantage of this work outside of practices to improve skills and fitness. All goalies are expected to attend TLSC sponsored goalie training.
- Q. Support club events. Players are expected to attend team/club social activities.
- R. **Work on your own, overcome your weaknesses and strengthen your strong points. Always work to improve and do not wait for someone to tell you to work out. You, the player, should take the initiative.**

Together we are committed to our teams' success and to your individual growth. I, the undersigned player, am committed to the above requirements.

Player's Signature: _____

Date: _____



PARENTS GUIDELINES

- A. Support club and coach. There is a difference between a fan and a supporter. A fan is there when all is well while a supporter is there at all times supporting the program, the coach and the players.
- B. Encourage your player to communicate concerns with the coach. Parents may talk with the coach, but part of the maturing process occurs when the player learns to communicate with his/her coach. Parents are welcome to attend player/coach meetings and may add to the conversation.
- C. Proper conduct at all TLSC functions is required at all times. We as parents need to set the example. **Coaches should be the ultimate example to the players. Parent misconduct becomes part of the coach's record with the leagues and TSSA.**
- D. **All fees must be paid on time. Please be understanding in regard to this rule. Failure to meet financial responsibilities affects all involved in the club.**
- E. Assist your player in following player guidelines and arrive at all activities as instructed by the coach or team manager.
- F. Provide proper nutrition guidelines for players and follow players guidelines regarding eating and drinking.
- G. No alcohol or drugs, other than those prescribed by a physician, are allowed on the practice or playing field (player or parents).
- H. All families are **REQUIRED** to participate as a volunteer for their child's team **AS WELL AS for the club** when asked to do so.
- I. Parents' main responsibility is to relax and enjoy watching their child play for TLSC. Please cheer as loudly and as much as you want. We as a club enjoy this, but please allow the coaches to coach. We as a coaching staff will know when to voice our instructions and when to allow the players to figure out situations on their own. Please do not coach your player during games or practices.
- J. TLSC spirit wear may be purchased through Soccer Corner in Plano. Please wear these with pride.
- K. We stress parent involvement in each team. Parents are the backbone of our organization! We realize your importance and appreciate all that you do. As a member of the club, each family is expected to participate in some volunteer capacity.
- L. **ALL TLSC parents are REQUIRED to volunteer 4 hours per parent for the tournaments which TLSC hosts each year.**
- M. The team manager will communicate all activities for the week. Additionally, all team activities will be listed on the team website. It is your responsibility to be aware of team events for the week and coordinate your plans around them.
- N. Communicate with the coach and manager all conflicts, vacations, concerns, or suggestions. Travel must be approved by the coach **PRIOR TO** making travel arrangements. All leagues play during Fall/Spring Break and games will be played during these times and may include week night games. This is a team sport and your child's absence/presence will directly affect the team.
- O. Arrange for emergency pick-up and contact information for your child. Place emergency numbers on a card in a plastic bag in your player's bag. **NEVER DROP OFF YOUR PLAYER UNLESS YOUR COACH AND/OR MANAGER ARE ON THE FIELD. BE ON TIME FOR PICK-UPS AFTER PRACTICE.**
- P. We hope that this will be a wonderful experience for your player.

Together we are committed to our teams' success and to your individual growth. By your signature below, you agree to be committed to the above expectations.

Player Name: _____

Team: _____

Parent Signature: _____

Date: _____



FAMILY PROFILE SHEET

Team: _____

Player Name: _____

Address: _____

Home Phone: _____

Home Email Address: _____

Mother's Name: _____

Mother's Address (if different than player's): _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Mother's Email Address (if different than player's): _____

Father's Name: _____

Father's Address (if different than player's): _____

Father's Work Number: _____

Father's Cell Number: _____

Father's Email Address (if different than player's): _____

Additional parent information (if needed): _____
