



TERRELL SOCCER ASSOCIATION MEMBERSHIP APPLICATION

OFFICIAL USE ONLY
 Transfers
 New
 RE-Registration
 Change/Correction
 Spring
 Fall

PLAYER INFORMATION

Team Name: _____		Age Group: U- _____		Circle One: Male Female	
Last Name: _____		First Name: _____		Middle Initial: _____	Date of birth: _____
Last Team: _____		Last Association: _____		# of Seasons Played: _____	

LEGAL GUARDIAN AND EMERGENCY CONTACT INFORMATION

Name: _____		Home Phone#: _____	Work Phone#: _____	Cell Phone#: _____
Address: _____				
City: _____		State: TX		ZIP Code: _____
Email Address: _____				
Emergency Contact and phone number: _____				
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 (the 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. *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 may do so only with the written permission of the Member Association in which he/she is currently rostered.*

Name: _____
Parent/Legal Guardian (please print)

Signature:X _____ **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 : _____ **ST: TX** **Zip :** _____ **Phone Number:** _____

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Birth Date Verified? Yes No

U4 – U8 -----\$55.00

U10 and Above ----- \$65.00

Sibling Discount -----\$5.00
*full price for first child \$5.00 off for each child after
Sibling Name(s) _____

Late Fee ----- \$10.00

Coach/Board discount \$ _____

TOTAL Received \$ _____

Balance \$ _____

Cash _____ **Check #** _____

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 -----Asst. Coach-----Committee ----- Referee-----Team Mgr-----Team Parent----- Field Preparation-----Board Member----- Concessions----Publicity -----Donor-----Fund Raising----- Other:

Refund Policy- All requests for refunds must be received by the TSA office one week (7days) prior to opening day. Visit <http://www.terrellsoccer.com/page/show/117495-refund-policy-and-return> for complete refund rules.

PARENTS CODE OF CONDUCT - I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE, AND ENCOURAGEMENT FOR MY CHILD BY FOLLOWING THE TERRELL SOCCER ASSOCIATION CODE OF CONDUCT

I agree to support the Terrell Soccer Association and their teams in requiring players to abide by the Players Code of Conduct.

I will not use or possess alcohol, illegal drugs or weapons while attending Terrell Soccer Association matches.

I will not under any circumstance shout abusively at my child or any other child.

I will not under any circumstance shout abusively or threaten any physical abuse to any coach or referee.

I will not dispute any call made by the referee; and I understand that the Terrell Soccer Association may sanction any spectator who verbally abuses or assaults a referee.

I will not coach my child or other children from the sideline during the game. I will only make positive comments to the players and it is understood that coaches and not parents shall provide instructional input during games.

I understand that the game is for the children not for the adults.

I understand that obscenities are strictly prohibited and that the referee shall instruct any spectator guilty of using obscenity to leave the venue.

I understand that Coaches and parents are responsible for the behavior of all of their team's guests/spectators and that they shall act in accordance with the Code of Conduct.

I understand that a spectators are to take the side of the field opposite the teams; spectators will remain at least 3 feet behind the touchline and on the opposite side of the pitch from the team; if, during the match, the spectators behavior is out of line then the referee will ask the coaches to speak to the spectators; if the behavior continues, it is within the discretion of the referee to ask the offending spectator(s) to leave the venue; and the referee shall abandon the match if the spectators become unruly and out of control.

Name of Participating Child: _____

Name of Team: _____

Signature of Parent

Date