

# Heart of Texas Soccer Association – Spring, 2010

Office (254) 776-2237      1604 W. Spring Valley Rd      Hewitt, TX 76643  
 Fax (254) 741-9100      Region: 3A      State: 08      District: 043  
 Website: [www.hotsoccer.net](http://www.hotsoccer.net)      E-Mail: [office@hotsoccer.net](mailto:office@hotsoccer.net)

**Registration Deadline: Jan 16, 2010**

**Registration Fee For Returning Players: \$60.00**  
**All Other Players: \$ 70.00**

ID #:

**\$10.00 Late Fee If Registration  
 Received After Jan 16, 2010**

Date Received:

**After 1/16 NO guarantee of placement on a team or back on the same team.**

Heart of Texas Soccer is a volunteer run, non-profit, youth recreational organization. Our goal is to provide a positive environment in which to teach and play the game of soccer. Emphasis is directed toward player development, teamwork, fun, and sportsmanship. Every eligible player is entitled to 50% playing time per game. Parents and volunteers share in the responsibility and success of this program.

**Please make any corrections to the information below; there will be a \$10.00 charge for all returned checks.**

Player Last Name: \_\_\_\_\_ Player First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip: \_\_\_\_\_

**First-time players must provide copy of certified birth certificate at time of registration.**

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 (Area Code) Number Boy – B Mo/ Day /Yr Last Last Last  
 Girl – G Last Last Last

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_ Season: \_\_\_\_\_  
 Youth X Small, Youth Small, Youth Med, Youth Large,

Uniform Jersey Size: \_\_\_\_\_ Shorts Size: \_\_\_\_\_ Adult Small, Adult Med, Adult Large, Adult X Large

Father: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical Problems: \_\_\_\_\_  
 (or Special Needs)

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Comments:

## RELEASE AND CONSENT FOR MEDICAL TREATMENT

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 organizations and sponsors, their 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 Program and/or being transported to or from the same, which transportation I hereby authorize. I also hereby agree that any photographs, videotape, media coverage, statements, interviews, etc. of the registrant, taken at HOT sponsored events may be used by HOT Soccer for publication, broadcasting or any other promotional purposes.

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.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE: **X** \_\_\_\_\_

### PARENTAL SUPPORT

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

\_\_\_\_ Coach      \_\_\_\_ Asst. Coach      \_\_\_\_ Team Manager  
 \_\_\_\_ Tournaments      \_\_\_\_ Board Member      \_\_\_\_ Referee

**Heart of Texas Soccer provides individual player data to primary tournament sponsors. If you do not wish this personal information released, please check here.** \_\_\_\_\_

**OFFICE USE ONLY** Date of Birth Verified: Yes \_\_\_\_ No \_\_\_\_

Check Date \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

Second Check Date \_\_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

Cash Date \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

Rec'd & Processed By \_\_\_\_\_

Date of Computer Entry \_\_\_\_\_ TOTAL \$ \_\_\_\_\_