



1740 South I - 35, Suite 105 Carrollton, Texas 75006
 972-323-1323 (FAX) 972-242-3600

www.ntxsoccer.org

YOUTH TO PROVISIONAL ADULT PLAYER

Revised 7-05

OUTDOOR \$8.00 FEE

- ◆ An \$8.00 fee must accompany this form.
- ◆ You must be at least 17 years old by September 1st of the current soccer year.
- ◆ You must bring your form, in person, to the NTSSA Office.
- ◆ You must bring in your current Texas Drivers License or a copy of your birth certificate.
- ◆ All signatures and all blanks are to be completed.
- ◆ You forfeit the USYSA medical insurance coverage by registering as a provisional adult, but you are covered by the USASA insurance policy.

I _____, hereby request permission to play outdoor as a provisional senior player from _____, 20____ to _____, 20____ for: _____ (team name) registered with the _____ (Assoc.). In the event of a conflict between a senior game and a youth game, the youth game shall take precedence.

I _____, UNDERSTAND THAT I AM NO LONGER COVERED BY THE MEDICAL INSURANCE PROVIDED UNDER THE POLICY OF THE UNITED STATES YOUTH SOCCER ASSOCIATION WHILE PLAYING IN THE ADULT ASSOCIATION. I WILL, HOWEVER, BE COVERED UNDER THE MEDICAL INSURANCE PROVIDED BY THE UNITED STATES ADULT SOCCER ASSOCIATION.

| | |
|---|---------------------------------------|
| Player's SIGNATURE | Date of Birth |
| Street Address | City State Zip |
| Parent/Guardian SIGNATURE | Parent/Guardian PRINT |
| Date: _____ | Daytime Phone Number: _____ |
| Outdoor Adult Coach/Mgr. SIGNATURE | Outdoor Adult Coach/Mgr. PRINT |

COMPLETE BELOW IF CURRENTLY REGISTERED ON A YOUTH OUTDOOR TEAM

The above youth player has my approval to play as a provisional adult player, and must be listed as "provisional" on roster form in place of USASA I.D. number.

| | | |
|---|-----------|-----------|
| Outdoor Coach/Mgr. of current youth team SIGNATURE | Team Name | Age Group |
| Outdoor Coach/Mgr. PRINT | Date | |

OFFICE USE ONLY

| | | |
|--------------------------|-----------------------------------|-----------------------------|
| NTSSA Youth Commissioner | NTSSA Men's/ Women's Commissioner | Date |
| DATE PAID _____ | AMOUNT PAID _____ | PAID BY _____ Initial _____ |

REGISTRATION FEES WILL NOT BE REFUNDED