

TEXAS XTREME F.C



2020-2021 Club Fact Sheet

Texas Xtreme '10 Boys

Coach: Kevin Leonard

469.235.7325

coachkev@sbcglobal.net

www.TEXASXTREMEFC.COM



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name:

City:

State:

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature

Date

Parent/Guardian Signature

Date

PLAYER'S MEDICAL INFORMATION

Player's Name:

Birth Date:

Gender: Female Male

Street Address:

City:

State:

Zip :

Email Address:

Parent Name:

Home Phone: ()

Bus Phone: ()

Email Address:

Cell Phone: ()

Receive texts? Yes No

Parent Name:

Home Phone: ()

Bus Phone: ()

Email Address:

Cell Phone: ()

Receive texts? Yes No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:

Phone 1: ()

Phone 2: ()

Name:

Phone 1: ()

Phone 2: ()

Please list player allergies:

Please list other medical conditions:

Physician:

Phone 1: ()

Phone 2: ()

Medical/Hospital Insurance Company:

Phone: ()

Policy Holder's Name:

Policy Number:

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the



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applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ **Date:** _____ Relation to player: Father Mother Guardian



2020 - 2021 Player Contract

Player Name _____ Team Name: _____

I, the undersigned, do hereby agree:

1. To play for the Texas Xtreme F.C. team for the soccer year July 1, 2020 through June 30, 2021.
2. To abide by the Bylaws and Codes of Conduct of the Club and North Texas Soccer Association (NTSSA).
3. To be available for all practices, scrimmages, games, tournaments and activities of the Team and Club.
4. **To contact the Team Manager and/or Coach in the event of a schedule conflict with the above prior to an event.**
5. That competitive soccer requires a higher degree of dedication and commitment from both the player and the parents and, in addition, understands that a certain amount of travel for the Team and Club activities are necessary.
6. To respect the Coach, teammates referees and other parents.
7. To represent my Team and Club in a respectful manner by avoiding bad language and conduct on and off the field.
8. That the coach makes all coaching decisions.
9. To review and abide by all player and parent rules and policies concerning practice, uniforms and games on the club website

Player Signature

Date

Parent/Guardian Signature

Date

**Xtreme Soccer
Xtreme Development
Xtreme Fun**



Welcome to Texas Xtreme Futbol Club!

To ensure your player's position on our roster we need many items returned to us in a timely manner. You will find a helpful checklist below to help you keep track of all paperwork and payments needed.

In an effort to streamline this process, we have attached all paperwork needed to this document. Please print, complete and bring to your Team Manager.

Manager: Jacqueline Wolfe 817.909.9002

Jacquelinewolfe1@gmail.com

Thanks,

Texas Xtreme Staff

Items Needed	Notes	Completed
Player Contract	No Rush	
USCS Reg Form	Needs to be Completed!	
Medical Release Form	On USCS Reg Form	
Copy of Birth Certificate	Please Scan Copy	
Payment Plan Agreement	TBD	
Payment	Online soon!	