SOCCER CAMP-CLINIC-LESSON
REGISTRATION AND RELEASE FORM

EVENT NAME_____
DATE(S)_____

HOST NAME_____
ADDRESS_____
PHONE #_____

AFFILIATE NAME_____
ADDRESS_____
PHONE #_____

PARTICIPATING COACH(ES) NAME(S)_____
_____
_____

PLAYER NAME_____
ADDRESS_____
PHONE #_____
BIRTH DATE_____
CURRENT TEAM_____
HOME ASSOCIATION_____

"The recruiting of players for the benefit of any individual, team, club, and/or organization is strictly prohibited. Any person having knowledge of any player recruitment at or through this soccer clinic, camp, academy, private lesson, ect., would report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth commissioner shall deal with the alleged violations in accordance with NTSSA Rule 3.10. (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team, club and/or organization.)"

I HAVE READ AND DO UNDERSTAND THE PRECEDING DISCLAIMER.

_____ _____
Parent Signature **Date** **Player Signature** **Date**

I AM AWARE THAT A PLAYER REGISTERED TO MY TEAM IS PARTICIPATING IN THIS EVENT.

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Current Team Coach/Manager Signature