



## USYS Player Registration Paperwork

**Complete and submit the following to your team manager immediately upon signing.**

- ☐ USYS/NTSSA Competitive Registration Form
- ☐ USYS Medical Release Form
- ☐ Copy of Player's Birth Certificate
- ☐ Order mandatory uniform kit via customized soccer.com email.
  - FC Dallas Youth has an exclusive contract with soccer.com. Every FCDY player must order the full required uniform kit from soccer.com and cannot order from alternate sites and retailers. Each player will receive a customized email to order their uniform through soccer.com.
- ☐ Register online through RankOne and make down payment.
  - Credit Card or E-check during online registration
  - Checks only if paying manually on site at tryouts (July 1<sup>st</sup> – 3<sup>rd</sup>)



# NORTH TEXAS STATE SOCCER ASSOCIATION COMPETITIVE REGISTRATION FORM

Revised May 2023



Player Information ☐ NEW PLAYER ☐ RETURNING PLAYER

☐ MALE ☐ FEMALE

20\_\_\_\_ 20\_\_\_\_ Seasonal Year

ID # \_\_\_\_\_ Team Name \_\_\_\_\_ Age Group \_\_\_\_\_

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Played outside of US (Y/N) \_\_\_\_\_ If Yes; what Country \_\_\_\_\_

Player First Name \_\_\_\_\_ Player MI \_\_\_\_\_ Player Last Name \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Best Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Best Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Physician's contact information (name, phone) \_\_\_\_\_

List any medical conditions coach should be aware of \_\_\_\_\_

Emergency Contact Information (name, phone number) \_\_\_\_\_

**TEAM/CLUB FACT SHEET:** I, the parent/legal guardian and the player listed above, have been given the Team/Club Fact Sheet for the team listed above. We have read and understand the information on the Team/Club Fact Sheet and what this means in way of commitment of time and money for the player and his/her family.

**RELEASE FROM A COMPETITIVE TEAM 3.10.7** A competitive (select) player is obligated to his competitive team for the soccer-playing year for competitive players from the time he signs a contract until the end of the subsequent soccer playing year (August 1 of the prior soccer year through June 30 of the current soccer year). Release to transfer to another NTSSA competitive team will be allowed under the following circumstances: Transfers that are approved by the player's current coach may be granted at any time on or prior to April 1. Any request for transfer that is not approved by the player's current coach, as indicated on the release form or transfer request form, will be scheduled for a Competitive Soccer Committee hearing that shall be chaired by the NTSSA Youth Commissioner or his designee, with all parties being invited to attend. (NOTE: The Competitive Committee may grant transfers prior to the start of the fall season in extremely limited circumstances, and only after receiving input from the coach or club official.) Any appeal of the decision of the Competitive Soccer Committee after the hearing must be made directly to the Executive Committee of NTSSA within five (5) days. A player may leave a competitive team and go into his home Member Association recreational player pool at any time on or prior to April 1 of the current soccer year with the written permission of the Youth Commissioner. Players may not be released from their competitive team after April 1, as no recreational player pool is available. (Exceptions: player has moved outside NTSSA territory, current team has disbanded, or medical documentation the player has been injured and is unable to play the remainder of the soccer year.) 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 and may do so only with the written permission of the Member Association in which he is currently rostered. A competitive registration form must be completed prior to the players' transfer to a competitive team.

## Parental Approval and Medical Release

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION, AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF 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 "PROGAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS". I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR AILMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELEATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS". ☐ YES ☐ NO

Signature of Parent/Legal Guardian

Date



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Parent/Guardian #1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### In an emergency, when parents/guardians cannot be reached, please contact:

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

## PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I confirm that my son/daughter is physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## How to Register Online via RankOne:

1. Go to [www.fcdallas.com/registration](http://www.fcdallas.com/registration).
2. Click on "RankOne Registration".



### 11U – 19U USYS Registration

- Click the link below to download the required player paperwork. Return completed paperwork to your team manager upon signing.
- Register online via RankOne and make down payment.

USYS Paperwork

RankOne Registration



### 11U – 19U US Club Registration

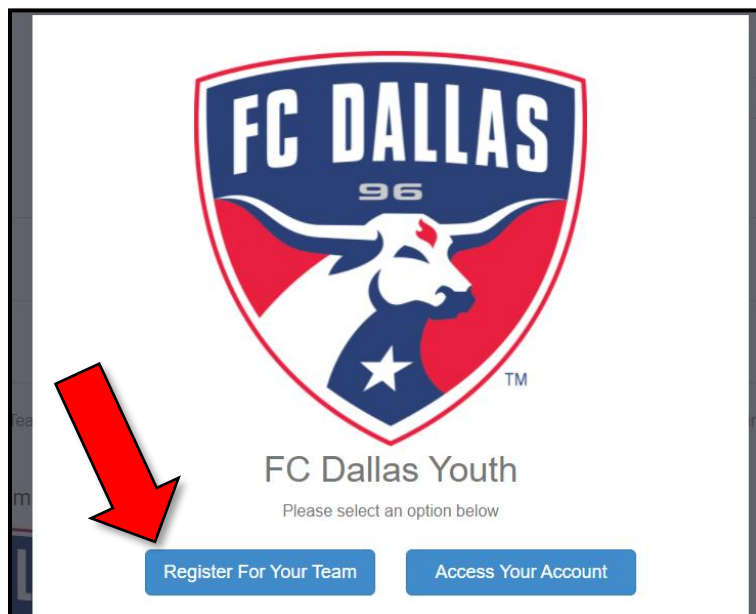
- Click the link below to download the required player paperwork. Return completed paperwork to your team manager upon signing.
- Register online via RankOne and make down payment.

US Club Paperwork

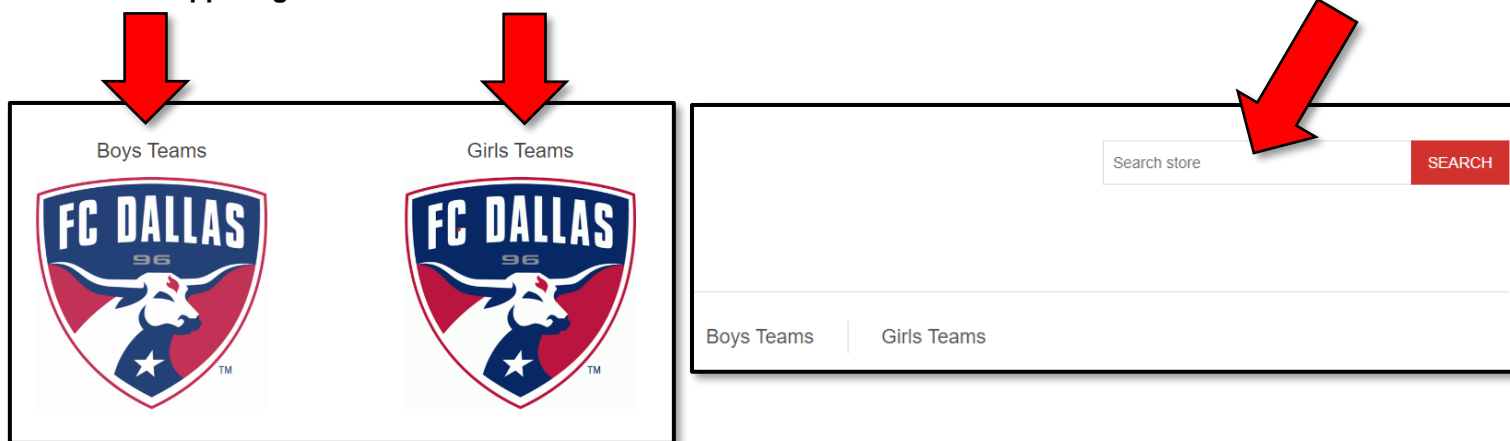
RankOne Registration



3. Click "Register For Your Team".



4. Click on "Boys Teams" or "Girls Teams" to find your player's team. You can also use the "Search" box in the upper right corner.



5. Select the payment plan that corresponds to the dues arranged and then click "Add to Cart".

(Example Team)

Select Payment Plan

Payment Plan A  
Payment Plan A  
Payment Plan B  
Payment Plan C

\$AMOUNT	Initial payment
Total: \$AMOUNT	
Due Today: \$AMOUNT	

Challenge Code  
Enter your challenge code here

Apply code

ADD TO CART

6. Complete all Forms (Pages 1 - 8) and hit "Submit":

Page 8 of 8

SUBMIT

(Example Team)

7. Verify your information is correct.

8. Click “Yes” or “No” to sign up for the installments to process automatically on the payment date.

9. Click “Checkout”.

Payment(s)		TOTAL AMOUNT
Amount	Due By	
\$ AMOUNT	Initial payment	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	
\$ AMOUNT	DUE DATE	

Process payments automatically

☐ Yes ☒ No

Sub-Total: \$ AMOUNT

Total: \$ AMOUNT

Checkout

10. Login to your existing account or create an account if you are a new customer.

## Welcome, Please Sign In!

### New Customer

By creating an account on our website you will be able to shop faster, be up to date on an orders status, and keep track of the orders you have previously made.

CREATE AN ACCOUNT

### Returning Customer

Email:

Please enter your email

Password:

☐ Remember me? [Forgot password?](#)

LOG IN

11. Select your payment method then click “Continue” and complete the necessary information.

**\*\*If you paid by check at tryouts click “Check” to complete the registration. Once the player registration has been completed, we can apply the manual payment received at tryouts\*\***


### Checkout


1


Billing address

2

Payment method

  
☒ Credit Card

  
☐ eCheck

  
☐ Check

[Back](#)  
**CONTINUE**

3

Payment information

4

Confirm order

12. Click “Confirm” to complete registration.

### Payment(s)

Amount	Due By
\$ AMOUNT	Initial payment
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE
\$ AMOUNT	DUE DATE

TOTAL AMOUNT

**Confirm**

Sub-Total:

\$ AMOUNT

Total:

\$ AMOUNT

**Online Registration is Complete!**