



NTSC 2008 Fall Season Registration		
Division	Date of Birth	Fee
Boppers	8/1/2003- 7/31/2005	\$25.00
U6	8/1/2002- 7/31/2004	\$65.00
U8	8/1/2000 - 7/31/2002	\$65.00
U10	8/1/1998 - 7/31/2000	\$65.00
**U12	8/1/1996 - 7/31/1998	\$65.00
**U14	8/1/1994 - 7/31/1996	\$65.00
**U16-U18	8/1/1990 - 7/31/1994	\$65.00

** Ages and team size will be determined by # of participants

Mail completed form back to:
 NTSC
 PO Box 1529
 King, NC 27021

NTSC Soccer Board of Directors meetings are held the 2nd Tuesday of every month at 7 p.m. at the building at Recreation Acres. **All parents, coaches and others are encouraged to attend.**

Player Information	Birth Certificate Name Only _____ Nickname _____ Mailing Address _____ Home Phone _____ Daytime Phone _____ Seasons Played _____ Last Team & League _____ Date of Birth _____ <input type="checkbox"/> Female <input type="checkbox"/> Male		<table border="1"> <thead> <tr> <th rowspan="2">Shirt Size</th> <th colspan="4">Youth Sizes</th> <th colspan="4">Adult Sizes</th> </tr> <tr> <th>S</th> <th>M</th> <th>L</th> <th>XL</th> <th>S</th> <th>M</th> <th>L</th> <th>XL</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Shirt Size	Youth Sizes				Adult Sizes				S	M	L	XL	S	M	L	XL									
	Shirt Size	Youth Sizes				Adult Sizes																							
S		M	L	XL	S	M	L	XL																					
Contact Information	Fathers Name _____ e-mail _____ Cell Phone _____ Mothers Name _____ e-mail _____ Cell Phone _____ Any Medical Problems or prohibition player has _____ Person to notify in an emergency _____ Phone _____ Doctor to notify in an emergency _____ Phone _____ List other children from family presently playing in club _____																												
	Release	I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Northern Triad Soccer Club , its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA and NCYSA, accepting the registrant for its soccer programs and activities (the "Programs"). 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 Programs and/or being transported to or from the same, which transportation I hereby authorize. Print Name _____ Parent/Legal Guardian Signature _____ Date _____		Medical Consent																									
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. Signature of Parent or Guardian _____ X _____ Address _____ City _____ State _____ Zip _____ Home Phone _____																													
Parental Support	We ask for participation of all parents in our program. Check area(s) in which you would be willing to help. <input type="checkbox"/> Coach <input type="checkbox"/> Club Sponsor <input type="checkbox"/> Publicity <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Fund Raising <input type="checkbox"/> Referee <input type="checkbox"/> Team Manager <input type="checkbox"/> Field Preparation <input type="checkbox"/> Clerical <input type="checkbox"/> Team Parent <input type="checkbox"/> Special Projects <input type="checkbox"/> Newsletter <input type="checkbox"/> Age Group Cord. <input type="checkbox"/> Board Member <input type="checkbox"/> Donor Other: _____		Club Use Only																										
	<input type="checkbox"/> Fees Paid <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check Fee Amount \$ _____ Check # _____ BOD Initial _____ Date Rec'd: _____ Age Group _____ Team _____																												