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Please email to Release_Transfer@ntxsoccer.org

YOUTH TO ADULT PROVISIONAL OUTDOOR PLAYER FEE \$8.00

- ◆ An \$8.00 fee must accompany this form.
- ◆ You must be at least 17 years old.
- ◆ You must send a copy of a current picture id (driver's license or state issued id) with your completed form. **Form will not be processed without one of these forms of age verification.**
- ◆ All signatures and all blanks must be completed.
- ◆ You forfeit the US Youth Soccer Association medical insurance coverage by registering as a provisional adult, but you are covered by the US Adult Soccer Association insurance policy.

I _____, hereby request permission to play outdoor as a provisional adult player from _____, 20____ to _____, 20____ for _____ (team name) registered with the _____ (Assoc.). In the event of a conflict between an adult 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

Apt. #

City

State

Zip

Parent/Guardian **SIGNATURE**

Parent/Guardian **PRINT**

Date: _____

Daytime Phone: _____

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 _____