

Please email to release_transfer@ntxsoccer.org

YOUTH TO ADULT PROVISIONAL INDOOR PLAYER FEE \$8.00

♦ An \$8.00 fee must accompany this form.

• You must be at least 18 years old.

♦ You must provide a copy of your current Texas Driver's License or a copy of your birth certificate. 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 player, but you are covered by the US Adult Soccer Association insurance policy.

| I | | , | hereby request permissio | n to play | indoor as a provisional adult player from |
|-----------------------------|------|--------|--------------------------|-----------|--|
| | , 20 | _ to _ | , 20 | for | (team |
| name) registered with the _ | | | | (facility |). 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 Pho | one: | | | | | | |
| Indoor Adult Coach/Mgr. SIGNAT | URE | | Indoor Adult Coach/Mgr. PRINT | | | | | | | |
| COMPLETE BELOW IF CURREN | TLY REGISTERED ON | A YOUTH OU | TDOOR TEAN | / | | | | | | |
| The above youth player has "provisional" on roster form i | | | sional adult | player, and must | be listed as | | | | | |
| Outdoor Coach/Mgr. of curre | ent youth team SIGN | ATURE | Team Name | | Age Group | | | | | |
| Outdoor Coach/Mgr. PRINT | | | Date | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | | |
| NTSSA Youth Commissioner | | | Date | | | | | | | |
| DATE PAID A | AMOUNT PAID | PAID | BY | ID# | | | | | | |