

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#						