SOCCER CAMP-CLINIC-LESSON REGISTRATION AND RELEASE FORM

Event Name:						
Date(s):						
Host Name:						
Address:						
Phone #: ()					
Affiliata Namas	Γ					
Affiliate Name: Address:			_			
Phone #:	()					
I HOHE #.)					
PARTICIPATING (COACH(ES)					
Name:						
Name:						
Name:						
Name:						
·						
Player Name: Ph			Phone #: Bi		Date:	Current Team
		())			
Address:			City: State		State	Home Association
person having knowl etc., should report sad deal with the alleged anyone, either verbal and/or organization.	edge of any play me, in writing, t violations in acc ly or in writing, t	yer recruit to the You cordance v that encou	tment at or thro th Commission with NTSSA Ru urages or entices	ugh this i er of NTS le 3.10. (I s a player	soccer cli SSA. The Recruitin to registe	ganization is strictly prohibited. An inic, camp, academy, private lesson on NTSSA Youth Commissioner shang is any action or statement, made ber with a particular coach, team, clu
Parent Signature I AM AWARE T IN THIS EVENT	THAT A PLA	Date AYER R	·	Signatur D TO N		Date AM IS PARTICIPATING
III IIII D V IIII	L •					
Current Team Coac	h/Manager Sig	nature: _				
						Revised 8/03