# **Player Commitment Letter**

Your player has been offered a place on the ***Clarksville Soccer Club***.

To accept this offer, complete this form, and return it to the registrar.

**Permission to Roster Form**

**(*ALL BLANKS MUST BE FILLED OUT COMPLETELY*)**

Club Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys Girls (please circle one)

Age Group U\_\_\_\_\_\_\_

Team Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Called: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother and Fathers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, (we) the parent/legal guardian of the above player, a minor, agree that the player and I (we) will abide by the rules of* ***Clarksville Soccer Club Clarksville Soccer Assn., Middle District ,*** *Tennessee State Soccer Association and US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for* ***Clarksville Soccer Club Clarksville Soccer Assn. , Middle District.*** *Tennessee State Soccer Association and US Youth Soccer accepting the above named registrant for its soccer programs and activities. I hereby agree to assume the risk of and hold harmless, release, discharge and/or otherwise indemnify the* ***Clarksville Soccer Club Clarksville Soccer Assn., Middle District, ,****Tennessee State Soccer Association and US Youth Soccer, their 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 their participation in the programs and/or being transported to or from the same. I also authorize transportation convenient or necessary to and from any athletic event or social event connected with this club.*

Parent/legal guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form I give* ***Clarksville Soccer Club,*** *permission to register my son/daughter to play for the above team for the TS Current seasonal year (Aug thru July) \*\*\* I understand that as a player/parent that I do not have to commit to any association, team, or coach during the open period and I cannot be punished by trying out for any other association, team, or coach during this period. \*\*\**

**\*\*\*Electronic submission of this form constitutes my signature as a legal binding agreement\*\*\***