USLA CHAMPIONS ACADEMY & PREMIER PROGRAM REGISTRATION FORM

PERSONAL INFORMATION								
Player Name:	Last	First	M.I.					
Full Parent's Name:	Last	First	M.I.					
Physical Address:		7,130						
Contact Phone:	()	Email Address:						
Preferred Method of C	Preferred Method of Contact: Phone Call Email Text School Currently Enrolled In:							
Current School Lunch F	Program Enrollment: Free Lunch	Reduced Lunch Regular Lun	nch Don't Know					
Date of Birth (mo/day/	/year):/	Age Verification: Birth Certifi	icate Other Sex: M F					
Uniform Sizing (please Jersey:	check the correct size for each) :							
YXS YS (6	/8)	YXL AS AM	AL 🗌					
YXS YS (6	/8)	YXL AS AM	AL 🗌					
		NG EXPERIENCE:						
	seginner 1-3 year 3-5	<u> </u>						
	ayer (Jeff United or USLA) : YES		lay for another Club? : YES NO					
	for your Middle/High School Team?:							
Other Club(s), Organiza	ations, or Sports you have played for:							
16		ISER AND SCHOLARSHIP DISCOU						
l '	ng FINANCIAL HARDSHIP, please fill out t gards to approval, documentation, & rec		FORM for review. Our DOA will review					
PLAYER COMMITMENT FEE DUE AT REGISTRATION \$60								
PLATER COMMITT	WENT FEE DOE AT REGISTRATION	300						
PLAYER FUNDRAL	SING COMMITMENT							
	completing 2 Fundraisers throughout the Pr	-						
	ating you agree to participate in 1 fundraiser ne fundraising requirement.	per season or pay the						
O I WILL PART	ICIPATE IN 1 FUNDRAISER PER SEASON.							
	PARTICIPATE IN ANY FUNDRAISERS AND WIL	L PAY THE OPT OUT FEE.						
	onsible for meals, player cleats, shin gua oplete fundraisers will result in player inc		ISLA for all future seasons					
NOTE: Fallare to con		TERMS AND CONDITIONS	SERVIOR diritature seasonis.					
In consideration of the ac	cceptance of my membership in Urban Soccer	Leadership Academy of San Antonio, I	, the participant and parent/guardian, agree					
1. I understand that I d	or my child cannot play in any sanctioned socce	game until this registration form and	medical release has been validated and the					
registration data has been entered into the master database. 2. I understand it is my obligation to fulfill the fundraising commitments by the completion dates that coincide with the Payment Schedule noted the								
player cost summary. I further agree, it is my responsibility to pay for any fundraising materials issued, in the event I should lose or misplace the items during the season. 2								
3. I have reviewed the waiver/participation agreement attached and my signature affixed hereto indicates my agreement with such waiver/participation agreement.								
 I am aware of USLA bylaws, policies, rules and regulations and agree to abide by them and to be bound by them. I accept sole responsibility for my or my child's personal possessions and athletic equipment. 								
6. I acknowledge that I am in full understanding that if my child does not satisfy their Community Service Requirement, Fundraising compliance, or Grades Compliance, per their CHAMPIONS PLAYER COMMITMENT, that their player card may be revoked not allowing them to play, until in full								
compliance. This is at the discretion of our DOA, per registration guidelines set forth in this registration packet and can be reviewed on a case by case basis per parent request. The final decision is made by the USLA Director of Administration & USLA Board of Directors.								
7. I am aware that my child is rostered with USLA for a full season, August 1-June 30 and cannot play with another AAYSA/STYSA registered club in the same season. Player cards & Transfer Release Forms will not be released or signed without Board of Directors, DOA and DOC approval.								
8. I acknowledge that I have read this registration agreement in its entirety and that I have executed this agreement voluntarily.								
9. I understand that af	ter the application is submitted; all Fees are NC	IN-KEFUNDABLE.						
Signature of Player	Signature	of Parent/Guardian	Date					

URBAN SOCCE	R LEADERSHIP ACADE	MY – MEDI	CAL AND MEDIA RE	LEASE FORM
BOY GIRL BIRTHDATE:				
PLAYER INFORMATION				
LAST NAME	FIRST NAME		MI	HOME TELEPHONE NO.
LAST NAIME	FIN31 IVAIVIE		IVII	HOINE TELEPHONE NO.
STREET ADDRESS			CITY	ZIP CODE
EMERGENCY CONTACT NAME - PHONE NO	D.		DOCTOR'S NAME - PHO	DNE NO.
MEDICAL INFORMATION				
Has your child had a physical in the Player has Medical Insurance? Yes			arrier:	
Does this child have any disabilities, respiratory illness or any other signi If Yes, please explain:				heart condition, history of
Emergency Authorization: I, the unassistant coaches or parents of team to medical, surgical or dental exami hospital. If there is an emergency ar Behalf: Name:	n members acting in the canation and/or treatment. In the canation and I cannot be reached, please. Contact N	apacity of active In case of eme ease contact the state of the state o	rity supervisors/vehicle or rgency, I hereby authori re person listed Who is I Email:	drivers, as my Agents, to consent ze treatment and/or care of any Hereby Authorized to Act on My
Waiver of Liability and Disclaimer: athletic events necessarily involve r Academy are primarily but not necessarily involve r Academy are primarily but not necessarily involve registry and other its employees, volunteers and other to any said individual while participal official, referee or coach while performance medical information and the	sk or physical injury. I furt essarily administered by p stration of said individual i representatives from any ating in USLA sponsored orming his/her duties durir	her acknowled arents who vo in its programs claims arising events, includ ng any practice	ge that the programs of lunteer their time, rathe , I hereby release, disch out of or relating to any ing any physical injury c s or games. I understan	the Urban Soccer Leadership er than paid professionals. In arge, and hold harmless USLA, physical injury that may result aused by the negligence of any d the responsibility to have
Acknowledge and Consent: For bot may utilize soccer photographs and compensation.				
PARENT / GUARDIAN INFORM	MATION	, ,		
FATHER'S / GUARDIANS LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
!	MAIL ADDRESS:			
	1			
MOTHER'S / GUARDIAN'S LAST NAME	FIRST NAME	MI	DAYTIME PHONE	CELL PHONE
E	MAIL ADDRESS:			
SIGNATURE				
-				
Parent / Guardian		Relationship		Date



USLA CODE OF CHAMPIONS

As a USLA athlete, I pledge to embrace the five *Champions of Character* core values. I will do my best to represent myself, my teammates and the academy while demonstrating **INTEGRITY** when no one is looking; **RESPECT** of myself, all others and the game; take *RESPONSIBILITY* for my actions in all areas of my life; exemplify *SPORTSMANSHIP* by holding myself to the highest of standards and provide *SERVANT LEADERSHIP* to my community through humility and community service.

USLA PLAYER COMMITMENT

- ✓ Regular attendance at trainings, team meetings, and games (unless excused by Head Trainer)
- ✓ Punctuality on arrival time, unless already communicated to Head Trainer
- ✓ Mentally present at all trainings, games and team meetings
- ✓ Understanding and supportive on role with the team
- Respectful to oneself, trainers, teammates, opponents and referees at all times
- ✓ Leadership actions on and off the field
- Passing all classes and maintaining an overall "B" average or higher
- ✓ Maintaining a 97% attendance average or higher at school
- ✓ Outstanding character and integrity with no disciplinary issues on the team, at home or at school
- ✓ Positive encouragement to fellow players when providing constructive criticism
- ✓ College and career planning communication with USLA representatives

CHAMPIONS OF CHARACTER PLAYER/PARENT DECLARATION PLEDGE

I,			, as a player understand the primary ob	jectives of the Urban Soccer		
Leaders	ship Academy are as	follows:				
	To place the value of le	earning and mastering	the fundamental skills in soccer for my age	group, team work and having fun,		
over wir	ning or keeping score;					
	To embrace and live by	y the five CHAMPIONS	of Character Core Values- Integrity, Respect,	, Responsibility, Sportsmanship an		
Servant	Leadership;					
	To value the importan	ce of being a model cit	izen, servant leader and student in good aca	ıdemic standing;		
	To engage and particip	pate in all practices, go	ames, fundraisers, and academy events while	e always conducting myself in a		
highly re	garded manner, and					
	To complete with my p	arents, teammates an	d trainers a community service project befor	re the final game of the program		
season.						
l,			, as a parent/guardian I understand my	role and responsibility in		
suppor	ting my child:					
	To understand that wi	nning or keeping score	isn't as important as learning and masterin	g the age appropriate soccer skills		
	To learn and demonstr	rate the five CHAMPIO	NS of Character listed above;			
	To teach my child wha	t it means to be a mod	lel citizen, servant leader and excelling in sch	nool academically;		
	To participate at mand	datory Parent Leadersh	nip Council meetings, volunteer at fundraiser	rs and on game days, and academy		
events;						
	To follow the academy Code of Conduct and Game Day rules and lead by example to my child and their teammates, and					
	To actively participate	in the completing of m	ny child's team community service project.			
			guardian understand and acknowledg			
	complete the requir n suspension and/o		he Champions of Character Player/Pa USLA program.	rent Declaration Pleage may		
PLAYERS	S SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	 DATE		