



## **Player Commitment Letter**

Your player has been offered a place on Redoubt Soccer Academy Team. 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: Redoubt Soccer			
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 C	Cell phone:	
Address:			
City:	State:	Zip:	_
Primary E-mail:			
Redoubt Soccer, Southeast District of TSSA US Youth Soccer, its affiliated organizations soccer and in consideration for Redoubt Soc Tennessee State Soccer Association and US and activities. I hereby agree to assume the the Redoubt Soccer, Southeast District of TS and US Youth Soccer, their affiliated organi	Tennessee State Soccer As and sponsors. Recognizing cer, Southeast District of Youth Soccer accepting the risk of and hold harmles. SA Tennessee State Socce izations and sponsors, the I for the programs, again and/or being transporte	the above named registrant for its soccer progra ess, release, discharge and/or otherwise indemn eer Association, Tennessee State Soccer Associat heir employees and associated personnel, include inst any claim by or on behalf of the registrant, a ted to or from the same. I also authorize	and with ams ify tion ing
Parent/legal guardian Signature:		Date	
Player Signature:		Date	
to register my son/daughter to play for the	above team for the TS Cu	SA Tennessee State Soccer Association , permiss urrent seasonal year (Aug thru July) *** I any association, team, or coach during the open	

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

period and I cannot be punished by trying out for any other association, team, or coach during this period. \*\*\*