

New Hampshire Soccer Association
1600 Candia Road
Manchester, N.H. 03109

603-626-9686

603-626-9687 (fax)

e-mail nhadmin@soccernh.org



Subject: Permission To Travel (play out of state) for Players (not teams)

The following items are needed at the state office to approve a "permission to travel" for a player who is currently registered with NHSA and traveling out of state:



- 1.) The "**Player Registration Status Form**" must be properly filled out.
- 2.) An "**Approved**" (stamped) copy of your current NH team roster or a valid, current, NH player card.
(If not currently registered read "**NOTE**")
- 3.) Fee ... check made out to NHSA

Fee for a "Permission to Travel" is \$ 25.00



NOTE:

*If a player is currently NOT registered with NHSA, an NHSA **Player Registration form** must also be completed and signed. If the registration form and the player status form are completed at the same time there is only a fee total of \$25.00. Please also note that a copy of player [REDACTED] must accompany a Player Registration form.*





NEW HAMPSHIRE SOCCER ASSOCIATION

Player Registration Status Form

Instructions: Complete the Player information section and the appropriate section (s) below, return the form with the necessary signatures and the processing fee (if applicable-see appropriate sections (below) to the New Hampshire Soccer Association State Registrar for Approval.

Player Information:

PLAYER NAME (PRINT) _____ DATE OF BIRTH _____

ADDRESS _____ PLAYER REGISTRATION NUMBER _____

CITY _____ STATE _____ ZIP _____

I WAS / WAS NOT ROSTERED TO A TEAM WHICH PARTICIPATED IN CUP PLAY THIS SEASONAL YEAR (September 1- August 31.)

SIGNATURE – Player _____ Phone (_____) _____

SIGNATURE – Parent _____ Phone {_____) _____

☐ **TRANSFER REQUEST** Player being transferred from another team (release from original team must be obtained). **\$15.00 Fee.**

NEW TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

☐ **RELEASE** Player is being removed from roster. Original player pass must be surrendered to registrar processing the transfer. **No Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

REASON FOR RELEASE _____

SIGNATURE – Team Official _____ Date _____

☐ **DOUBLE ROSTER** Player is rostering on two teams. Original player pass must be surrendered to registrar. **\$15.00 Fee.**

PRIMARY TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

SECONDARY TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Team Official _____ Date _____

☐ **PERMISSION TO PLAY IN ANOTHER STATE** Player wishes to ply on a team in another state. **\$25.00 Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

☐ **PERMISSION TO PLAY IN NEW HAMPSHIRE** Player from another state wishes to play on a team in New Hampshire. **No Fee.**

TEAM _____ TEAM# _____ AGE DIV _____ LEAGUE _____

SIGNATURE – Other State Registrar _____ Date _____

☐ **PERMISSION GRANTED** ☐ **PERMISSION DENIED**

☐ **FEE NOT APPLICABLE** ☐ **FEE RECEIVED:** Amount _____ ☐ **Check#** _____ ☐ **Cash**

SIGNATURE – New Hampshire State Registrar _____ Date _____

TRANSACTION TAKES EFFECT ON THE DATE THE STATE REGISTRAR SIGNS THIS FORM

USYSA Membership Form

New Hampshire Soccer Association



Member ID required for Insurance

--	--	--

Home Phone
First 3 Digits

--	--	--	--

Home Phone
Last 4 Digits

--

*** See→

FOR OFFICIAL USE ONLY

League:	New Registration:	<input type="checkbox"/>	Fee (\$):	
	Re-registration:	<input type="checkbox"/>	Cash:	<input type="checkbox"/>
Group:	Change/correction:	<input type="checkbox"/>	Credit Card:	<input type="checkbox"/>
	Transfer:	<input type="checkbox"/>	Check:	<input type="checkbox"/>
Division:	Picture Received:	<input type="checkbox"/>	Check #:	
	DOB Verified:	<input type="checkbox"/>	Received:	
	Date:			

*** The last two digits of Member ID will be the age sequence of the member within his/her family, e.g. 01=oldest child, 02=next to oldest child, etc. If a parent within the same family is also a member (coach, administrator, etc.), the last two digits will be 99 (mother), 98 (father), 97 (female guardian), 96 (male guardian), 00 all other.

Member (Registrant)	
First Name:	
Middle Initial:	
Last Name:	
Home Phone:	()
Birth Date:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Status:	Player <input type="checkbox"/> Admin <input type="checkbox"/>
	Coach <input type="checkbox"/> Official <input type="checkbox"/>
License Level:	
Address:	
City:	
State/Zip:	
School:	
Grade:	
Prior League:	
Prior Team:	
Years Played:	
Last Season:	
Height/Weight:	

Father	Mother
First Name:	
Last Name:	
Home Phone:	()
Work Phone:	()
Cell Phone:	()
Email:	

Parental Support (check areas where you would be willing to help out):

Coach:	<input type="checkbox"/>	Field Setup:	<input type="checkbox"/>	Fundraising:	<input type="checkbox"/>
Asst. Coach:	<input type="checkbox"/>	PR/Newsletter:	<input type="checkbox"/>	Team Sponsor:	<input type="checkbox"/>
Team Manager:	<input type="checkbox"/>	Program Book:	<input type="checkbox"/>	Sign Sponsor:	<input type="checkbox"/>
Referee:	<input type="checkbox"/>	Tournament:	<input type="checkbox"/>	Player Sponsor:	<input type="checkbox"/>
Board Member:	<input type="checkbox"/>	Concessions:	<input type="checkbox"/>	Transportation:	<input type="checkbox"/>
Other:					

PARTICIPATION AGREEMENT - RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the New Hampshire Soccer Association (NHSA), USYSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of NHSA and USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Members shall encourage and demonstrate sportsmanship and treat all players, coaches, referees and spectators with respect. Should a parent/spectator or member not adhere to the above, suspension or expulsion from the Programs could result.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the Parent or Legal Guardian of the above-named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Check preferred uniform size:							
Youth				Adult			
	S	M	L	S	M	L	XL
Jersey:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sizes may be adjusted based on availability							
List member medical problems or prohibitions:							
Emergency contacts (other than parents):							
	()						
Guardian	Phone						
	()						
Doctor	Phone						
	()						
Dentist	Phone						

Name (parent or legal guardian name PRINTED):	
Signature (parent/legal guardian)	Date
SIGNATURE indicates agreement to member participation-release AND consent for medical treatment.	
<input type="checkbox"/>	Check this box to indicate your typewritten signature above will act as your legal personal signature.

White Copy - State Registrar

Gold Copy - League Registrar

Pink Copy - Team Coach