

**Renegades Soccer
Registration
2021-2022**



Academy Club Registrations



On July 1st (Midnight – 6am)

Step 1 – Accepting the Invite:

- Each Player that has been pre-rostered from the Spring will receive a notification via PlayMetrics and/or email.
- Click on the register box in the email or the Green box in the web browser or app

Email

Renegades Soccer Club

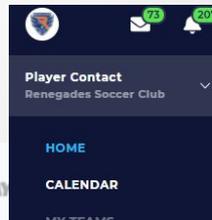
Register to secure Apryele Smith's spot on the Renegades Soccer Club Chris's Academy Team Team.

Please register to secure Apryele Smith's roster spot on the Renegades Soccer Club Chris's Academy Team team.

To secure your spot, click below to login to PlayMetrics and register for Renegades SC Registration 2021-22 program.

Please contact Renegades Soccer Club if you have any questions.

[Register](#)



Web Browser

HOME

You have 1 Alert

Apryele Smith has been invited to join **Chris's Academy Team**: [Register](#) or [Decline](#)

App

10:18

Player Contact

Home

You have 1 Alert

Apryele Smith has been invited to join **Chris's Academy Team**: [Register](#) or [Decline](#)

FEATURED PROGRAMS [View All](#)

Camp
Friday Night Finishing - Summer Session

Camp

Academy Club Registrations



Step 2: Payment Option Review

- ❑ This screen shows the payment options and breakdown for you to review
- ❑ click on the player - you will need to complete the entire registration process for each individual player

▼ **Renegades Academy (2021-22)**

Season Dates
Jun 1, 2021 - Dec 31, 2021

Select Players to Register:

Apryele S. AS

Payment Options

Pay-in-full \$900.00

Academy (Monthly) \$900.00
[View Payment Schedule →](#)

Available Discounts:

- 20% off - Multi-player

***Additional player discounts will be applied at checkout*

Payment Schedule Breakdown

Academy (Monthly) ×

total plan — \$900.00

Due at checkout:

Payment Schedule

Jul 1, 2021	\$150.00
Aug 1, 2021	\$150.00
Sep 1, 2021	\$150.00
Oct 1, 2021	\$150.00
Nov 1, 2021	\$150.00
Dec 1, 2021	\$150.00

Academy Club Registrations



Step 3: Academy Survey

- Please make sure you click on the correct birth year grouping for your player
- We are collecting information regarding CORE for Academy players to assist with scheduling

For Apryele

Please select the birth year of the player listed above

2003-2011

2012-2016

Are you interested in Renegades CORE?

Yes

No

Academy Club Registrations



Step 4: Choosing Your Payment Plan

- Select the payment plan that best fits your family. This will also give you a chance to update/verify your payment information such as address and card information

AS Apryele S

Chris's Academy Team
Renegades SC Registration 2021-22

Select payment option:

Pay-in-full \$900.00

Academy (Monthly) \$900.00

[View Payment Schedule](#) →

Due Today **\$0.00**

TOTAL SUMMARY

Total for 1 Program	\$900.00
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Due Today	\$0.00
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VISA •••• 4973

Mailing Address

123 Renegade Way
Richardson, TX 75248

1 Programs

AS Apryele S Due today **\$0.00**

Chris's Academy Team
Renegades SC Registration 2021-22

Academy (Monthly)
Total Amount \$900.00

Total Summary

Total Amount	\$900.00
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Due Today	\$0.00
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Total Due Today	\$0.00
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I agree to the [refund policy](#) for Renegades Soccer Club

Place Order

Academy Club Registrations



Step 5: Finalizing Registration

- ☐ You will receive confirmation that you have registered via email and on this thank you page.

The screenshot shows a confirmation page with a green 'Paid' status indicator, a receipt number, an email confirmation address, an items summary table, a 'Back to Program List' button, and merchant information.

✓ Paid

Thank you for your payment!

Receipt #: [1278338](#)

You'll receive an email at chris@renegadessoccer.com confirming your payment.

Items Summary

	Amount
AS Apryele S Renegades Academy (2021-22) Renegades SC Registration 2021-22	\$0.00

[Back to Program List](#)

Merchant Info

Renegades Soccer Club
16970 Dallas Pkwy, Dallas, TX 75248, USA
TAX ID: [831073211](#)

[Refund Policy](#)

Academy Documentation



Here is the documentation you will need to submit to your team manager. They will be in communication with you regarding that process



NORTH TEXAS STATE SOCCER ASSOCIATION
ACADEMY PLAYER REGISTRATION FORM
Revised 3-22-2018



FOR ASSOCIATION/LEAGUE USE ONLY

Academy Age: 7U 8U 9U 10U **PLAYER REGISTRATION #** _____

Verified Birth Certificate YES NO Date Paid _____ Reg. Fee _____ Cash CC Check # _____

MEMBER ASSOCIATION _____

Registrars Phone # _____ Registrars Email _____

Registrar Signature _____ Date _____

Player Information NEW PLAYER RETURNING PLAYER MALE FEMALE 20____20____ Seasonal Year FALL SPRING

Player First Name _____ Player MI _____ Player Last Name _____ Player DOB (MM/DD/YYYY) _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian #1 Name _____ Best Contact Phone _____ Email _____

Parent/Guardian #2 Name _____ Best Contact Phone _____ Email _____

Physicians contact information (name, phone, address, city, state, zip code) _____

List any medical conditions coach should be aware of _____

Emergency Contact (name, phone) _____

Important Registration Information:
This form must be filled out completely and LEGIBLY with all signatures to participate with a North Texas Soccer member association academy program. Each academy player must be registered with a North Texas Member Association, and acquire a Member Association registration number. Players may or may not be on a recreational team, unless required to be on a recreational team by their member association. A copy of player's Birth Certificate is required at time of registration. This form is required for player participation in any NTSSA academy program or tournament. This form must be available at all training and competitions for insurance purposes. No formal contract or written commitment may be signed by or on behalf of the player to commit a player to an academy team. Soccer Academy play is in addition to recreational play. Players may join any Soccer Academy of their choosing within their age group, and are not required to obtain a release from their NTSSA recreational team to participate on an Academy team. Players must present a form of proof of registration signed by a member association registrar each time they participate with an Academy. Players may join as many Soccer Academies as they like as long as the Soccer Academy is recognized by a North Texas Soccer Member Youth Association. The Academies may charge a fee to cover expenses in addition to the player's recreational soccer registration fees. Soccer Academy teams are not considered "registered teams," and therefore do not have to follow recreational team formation rules. Soccer Academy teams may not enter NTSSA sanctioned tournaments unless the tournament has specified a "Soccer Academy" bracket. In that event, players must declare which Soccer Academy team they will play with in the tournament and may only play for one team in a tournament. Violation of this rule shall result in sanction against the offending party (coach, assistant coach, manager, parent, or other team representative), which could include suspension from all soccer activities for a period of time. **NTSSA Rule 3.10.3** Player participation in academy competitions does not guarantee playing time and players may move to other academy teams at any time.

Parental Approval and Medical Release
RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER PARTICIPATION AND IN CONSIDERATION FOR NORTH TEXAS STATE SOCCER ASSOCIATION, INC., UNITED STATES SOCCER FEDERATION, UNITED STATES YOUTH SOCCER ASSOCIATION, AND THEIR RESPECTIVE MEMBER AFFILIATES (THE "SOCCER PARTIES") ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE "SOCCER PARTIES" AND THEIR SPONSORS, 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. BY MY SIGNATURE BELOW, I CONFIRM THAT MY SON/DAUGHTER IS PHYSICALLY CAPABLE OF PARTICIPATING IN THE "PROGRAMS." I HAVE NOTED ABOVE, ANY SPECIFIC ISSUE, CONDITION, OR ALLMENT THAT MY CHILD HAS OR THAT MAY IMPACT MY CHILD'S PARTICIPATION IN THE PROGRAMS. I HEREBY GIVE CONSENT TO HAVE AN ATHLETIC TRAINER AND /OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT AND AGREE TO BE RESPONSIBLE FINANCIALLY FOR THE REASONABLE COST OF SUCH ASSISTANCE AND/OR TREATMENT.

I FURTHER GRANT THE "SOCCER PARTIES" THE RIGHT TO USE THE PLAYERS NAME, PICTURES AND OR LIKENESS IN PRINTED, BROADCAST AND OTHER MATERIAL CONCERNING THE "PROGRAMS", PROVIDED SUCH USE IS RELATED TO THE PLAYERS STATUS AS A PARTICIPANT IN THE "PROGRAMS". YES NO

Signature of Parent/Legal Guardian _____ Date _____

CERTIFICATION OF VITAL RECORDS
EL PASO COUNTY

STATE OF TEXAS CERTIFICATE OF BIRTH BIRTH NUMBER

1. Child's Name ROBERT EDWIN HAWKSWORTH	2. Sex MALE
3. Date of Birth (mm/dd/yyyy) 02/01/2019	4. Birth Number
5a. Place of Birth - County EL PASO	5b. City or Town (if available city limits, give precinct no.) EL PASO
6. Time of Birth 09:37 AM	7a. Marital Status - Single, Twin, Plurals, etc. SINGLE
7b. Place of Birth - <input type="checkbox"/> Civilian's Office <input type="checkbox"/> Unmanned Shipping Center <input type="checkbox"/> Hospital	7c. Name of Hospital or Birthing Center, NPI, if not applicable, Give Street Address WILLIAM BEAUMONT ARMY MEDICAL CENTER
8a. Attendant's Name, NPI, and Working Address LILIA DURUSSEL	8b. Certifier - I certify that this child was born alive at the place and time and on the date as stated ROY LEE HARRIS
9. Date of Birth 02/06/2019	10. Signature and Title ROY LEE HARRIS
11. Mother's Name Prior to First Marriage AMANDA LUISA STONE	12. Date of Birth (mm/dd/yyyy) 07/27/1987
13. Residence - State TEXAS	14. Street Address or Rural Location 1251 HEDDEN DESERT LANE
15. Zip Code 79912	16. Same As Residence, or - If Same As Residence, Enter Zip Code Only
17. Father's Name Prior to First Marriage SHANE ALEXANDER HAWKSWORTH	18. Date of Birth (mm/dd/yyyy) 11/29/1985
19. Local File Number 01000824	20. Date Received by Local Registrar 02/06/2019
21. Signature of Local Registrar Raha Bioness	

VB 1113 REV. 0108 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 3-10 YEARS IN PRISON AND A FINE OF UP TO \$1,000. 022106

1239 x 1614

ISSUED **MAR 19 2019**

Raha Bioness
County Clerk/Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND.

Questions??



- We are always available to answer questions
- Always a good idea to ask if you are unsure about something
- If you don't get a response within a day, please send us a polite reminder
- Contact Info
 - General Concerns– info@renegadessoccer.com