

METRO TULSA Soccer Clubs United, USC FRIENDSHIP TEAMS

Request Form for ONLY U4 - U19 Recreational Program Friendship Team Formation

MTsc U Recreational U4 - U19

FRIENDSHIP TEAM Request Process & Requirements

MTsc U is pleased to offer, like other sports, the ability for friends to play with one another on the same team. MTsc U is allowing parents of friends to be able to request neighborhood, church, school, etc teams to be formed to provide their children with an enhanced social environment, much improved logistics for parents, and the opportunity for an even greater fun-filled experience playing soccer.

FRIENDSHIP TEAM REQUEST CHECK LIST

- Players on the requested Friendship Team **MUST** also be registered online under *RECREATIONAL PROGRAM*. Plus, have paid registration fees to MTsc U & provided a birth certificate.
- "Deadline" for team acceptance is **NO LATER** than midnight as listed on the website www.metrotulsa.com/calendarofevents. Later requests may or may not be accommodated and no refunds.
- Player additions to Friendship teams AFTER form submittal must be requested in writing to mtscdocuments@att.net by the coach PRIOR to the additional player registering online. After form submittal, additions of players will be accepted only if they are not already registered, placed on an alternate team, and there is space available on your team. Once received, the OFFICE will let you know via email when the additional player can go online and register.**
- Forms & player additions can be emailed to mtscdocuments@att.net.
- Friendship Teams **must have the minimum number** of players and no **more than the maximum** number of players allowed. See below:

U4 – 5 to 6	U13/14 – 14 to 18
U5, U6, U7, U8 – 6 to 8	U15/16 – 14 to 18
U9, U10 – 9 to 12	U16-19 (11v11)-14 to 18
U11/12 – 12 to 16	U16-19 (5v5) – 5 to 8
- For all Friendship Teams, upon request, individual players may play up no more than two (2) age divisions. A team may play up one (1) age division upon request. "Approval to play up" must be marked by the parent of the player on this form. Separate Play Up Waivers are no longer required.
- Players NOT listed on a Friendship Team will be put on a Random Draw Team and may not be removed.**
- MTsc U reserves the right to schedule U4/U5, U7/U8, & U9/U10 leagues within the same division, or Friendship Teams against Random Draw Teams or other combinations to find the best balance for optimal fun for all in a league.

The intent to this approach to soccer for MTsc U is to allow friends to play with friends. The logistics of doing so can be tremendous & therefore parent support, patience & timely assistance with the requirements above is absolutely required. It is also MTsc U's intention to have divisional play depending on the number of teams relative to separate Random Draw & Friendship Team leagues & mix as appropriate in an attempt to provide the best reasonable playing experience for all.

See www.MetroTulsaSoccer.com for deadline

TEAM NAME: _____

TEAM AGE: () U4, () U5, () U6, () U7, () U8, () U9,

() U10, () U12, () U14, () U16+ 11v11, () U16+ 5v5

TEAM GENDER: () MALE () FEMALE

USE BLUE OR BLACK INK ONLY, PRINT CLEARLY

Coach Information

Name _____
 Email _____
 Phone _____ Child on team? _____
 Signature _____ Date ____/____/____

LIST NAMES EXACTLY AS SHOWN ON BIRTH CERT. PARENTS MUST VERIFY WITH THEIR SIGNATURE

PLAYER 1 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

PLAYER 2 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

PLAYER 3 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

PLAYER 4 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

PLAYER 5 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

PLAYER 6 APPROVAL to play up, check here ()

Player Name _____
 Player DOB ____/____/____ Last League Played _____
 Player/Guardian Name _____
 Parent/Guardian Signature _____

USE BLUE OR BLACK INK ONLY

LIST NAMES EXACTLY AS BIRTH CERT.

PLAYER 7 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 8 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 9 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 10 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 11 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 12 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 13 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 14 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 15 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 16 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 17 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

PLAYER 18 APPROVAL to play up, check here ()

Player Name _____
Player DOB ____/____/____ Last League Played _____
Player/Guardian Name _____
Parent/Guardian Signature _____

COMPLETE NEXT PAGE 3 OF 3

TEAM PARENT

Name	_____
Email	_____
Phone	_____
Child on team?	_____
Signature	_____
Date	____/____/____

ASSISTANT COACH

Name	_____
Email	_____
Phone	_____
Child on team?	_____
Signature	_____
Date	____/____/____

**** Prior to player registration, parents and coaches are responsible for ensuring that all players who are listed on this form will qualify for their age division by meeting the guidelines on the age division chart and related explanations located on MTsc U's website. This also includes the guideline which stipulates that no co-ed teams will be allowed. ****

TEAM SELF CAPABILITY ASSESSMENT (please check one):

() Low () Medium () High

This will help assist us in appropriate leaguings. The following guidance should be used when filling out this section: If last season your team won 6-8 games (select high), 4-5 games (select medium), or 0-3 games (select low). If a brand new team, use your best judgement based on assessed skill and comfort.

TEAM REP FORM REQUIRED: This form must be completed each season and turned in to the office before you will receive your schedule. *See form on the next page.*

REQUEST FOR TEAM TO PLAY UP: If Yes, **MUST** check here ()

TEAM NAME CHANGE: If your team name has **changed** this season, list the previous team name here:

PLAY UP WAIVER AGREEMENT (only applies if you checked the box for "approval" by your child's name):

I recognize that I am solely responsible for making this decision and request. I release MTsc U and all of its associated organizations, affiliates, administrators, employees, & volunteers from any and all responsibility should my child be injured, no matter the nature, no matter how seriously, and will not hold them liable for any injuries, costs or loss that might occur and I will also indemnify MTsc U from any and all claims against MTsc U resulting from my child playing up. I also acknowledge that soccer like all team sports regardless of skill level is competitive in nature with winners and losers and that the capabilities of my child may nor may not contribute to the team's score or lack thereof. I acknowledge this is no fault of MTsc U and MTsc U is not responsible for such outcomes.

TEAM REPRESENTATIVE FORM

(November 2018)

This form is to help ensure accurate information for MTsc U records.



MTsc U REQUIRES ALL OF THESE REPRESENTATIVES

Must be fully completed & turned in to receive game schedule

EMAIL COMPLETED FORM TO MTSCDOCUMENTS@ATT.NET

TEAM NAME: _____

TEAM AGE DIVISION: _____ TEAM GENDER: M OR F

TODAY'S DATE: _____

COACHING MULTIPLE TEAMS? Y or N OTHER TEAM AGE/NAME: _____

HEAD COACH – FULL LEGAL NAME (for background check): _____

HEAD COACH GOES BY NAME: _____

HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

ASSISTANT COACH – FULL LEGAL NAME (for background check): _____

ASSISTANT COACH GOES BY NAME: _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

TEAM PARENT (Mom or Dad): _____

PHONE # (s): _____

E-MAIL ADDRESS: _____

NOTE: Field Safety rep is required. This is usually a coach or asst. coach that will check your field & goals prior to the start of your game.

FIELD SAFETY REPRESENTATIVE: _____

PHONE #: _____ EMAIL: _____