

United States Amateur Soccer Association, Inc.

A National Association Member of the United States Soccer Federation

7800 River Road • North Bergen, New Jersey 07047

(201)861-6277

AMATEUR PLAYER REGISTRATION FORM

"A" "AD"

PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the date and your signature in the bottom segment of the form. Please Use Ballpoint Pen.

Male Female

| | | | |
|---|---|------------------------------|--------------|
| Player's Name (Last Name First) | | Player's Social Security No. | |
| Address | | Phone | |
| City | State | Zip Code | Mo. Day Year |
| US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | Intent to become a citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | Country of Birth | |

TEAM REPRESENTATIVE INSTRUCTIONS: Please complete all information in this segment, then sign and date the bottom segment of the form before sending to the State Registrar, enclosing the appropriate fees.

THIS AMATEUR PLAYER REGISTRATION FORM MAY BE USED AS AN "A" FORM (Amateur) or as an "AD" Form (Amateur Detention)

Please mark the appropriate box at the top of the page and below

"AD" Form Requires \$30.00

| | |
|--|-------------------|
| Code | State Association |
| League # | Current League |
| Team # | Current Team |
| Player's Last Team Affiliation | Last Season |
| Team Representative Name (Last Name First) | |
| Address | |
| Phone | |
| City | State Zip Code |

RELEASE AND DISCLAIMER

Soccer is a contact sport involving risk of serious injury, disability, or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue United States Soccer Federation or affiliates on account of injury, death, or property damage alleged to be caused in whole or in part by affiliates' actions or omissions.

I HAVE READ THE RELEASE & DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.

Player's Signature _____ Date _____

Team Representative _____ Date _____

State Registrar _____ Date _____