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| usasa_logo_2012.gif | **United States Amateur Soccer Association, Inc.*****Affiliated with the United States Soccer Federation***1801 S. Prairie Avenue Chicago, IL 60616(312)808-1300 |
| **AMATEUR PLAYER REGISTRATION FORM** | **[x]**  | “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. | **[ ]** Male | **[ ]** Female |
|  |
|  **Player ID/PASS #** |
|  |  |
| Player’s Name (Last Name First)  | Telephone |
|  |  |
| Address | Email |
|  |  |  |  |
| City | State | Zip Code | Date of Birth (MM/DD/YYYY) |
| U.S. Citizen | **[ ]** Yes **[ ]** No | Intent to become  | **[ ]** Yes **[ ]** No |  |
|  |  | a citizen ? |  | 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 appropiate fees. | **THIS AMATEUR PLAYER REGISTRATION FORM MAY BE USED AS AN “A” FORM** |
| **Eastern Pennsylvania Soccer Association** | **(Amateur) or as an “AD” Form (Amateur Detention)** |
|  | State Association |  |
|  | **Please mark the appropiate box at the top of the page and below.** |
|  | Current League |  |
|  | **“AD” Form Requires $30.00** |
|  | Current Team |  |
|  | **-** |  |
| Player’s Last Team Affiliation | Last Season (YYYY)  |  |
|  |  |
| Team Representative Name (Last Name First) | Telephone |
|  |  |
| Address | Email |
|  |  |  |
| City | State | Zip Code |
|  |
| **RELEASE AND DISCLAIMER**Soccer is a contact sport involving risk of serious injury, disability, or death. Not all risk are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and convenant not to sue United States Soccer federation or affiliates on account or injury, death, or property damage alleged to be caused in whole or in part by affiliate’s actions or omissions.**I HAVE READ THE RELEASE & DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.** |
| **Players Signature:** |  | **Date** |  |  |
| **Team Representative:**  |  | **Date** |  |  |
| **State Registar:** |  | **Date** |  |  |
|  |