



United States Amateur Soccer Association, Inc.

Affiliated with the United States Soccer Federation

7800 River Road • North Bergen, New Jersey 07047

(201) 861-6277



EPA 108543

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 and Print Firmly



Male



Female

SMITH MICHAEL

Player's Name (Last Name First)

Player's Social Security No.

12345 HIGH STREET

215 555 5555

Address

Phone

PLYMOUTH

PA 19462 07 01 65

City

State

Zip Code

Mo.

Day

Yr.

Date of Birth

U.S. Citizen Yes No

Intent to become a citizen Yes No

Country of Birth

USA

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

EP3A

Code State Association

ICSL

League # Current League

PLYMOUTH 090

Team # Current Team

Players Last Team Affiliation

Last Season

SMITH JOHN

Team Representative Name (Last Name First)

12345 STREET ROAD

215 555 5555

Address

Phone

WARMINSTER

PA 18974

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 Michael A. Smith

Date 5/1/2008

Team Representative John Smith

Date 5/25/2008

State Registrar _____

Date _____



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