



United States Adult Soccer Association, Inc.

Affiliated with the United States Soccer Federation

California Soccer Association - North • 1346 Silver Avenue • San Francisco, CA 94134-1226

415-467-1881

MULTIPLE 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 Type or Use Ballpoint Pen Firmly

Male Female

Player's Name (Last Name First)

Player's Pass No. (if known)

Address

Phone

City

CA

State

Zip Code

Mo. / Day / Year
Date of Birth

Email Address (optional)

US. Citizen

Yes

No

Intent

to become a citizen

Yes

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.

California Soccer Association North (CSAN)

Code

State Association

League #

Current League

Team #

Secondary Team

Primary Team

Last Season

Team Representative Name (Last Name First)

Address

Phone

City

CA

State

Zip Code

Email Address (optional)

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.

Attach Photo in this
Box

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 _____