



United States Amateur Soccer Association

United States Amateur Soccer Association, Inc. Affiliated with the United States Soccer Federation

California Soccer Association North- 1348 Silver Avenue • San Francisco, California 94134-1226

(415) 467-1881

Player Registration Fee Required

THREE DAY TOURNAMENT REGISTRATION

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

Month / Day / Year
Date of Birth

Email Address (optional)

U.S. 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#

Current Team

Player's Last Team Affiliation

Last Season

Team Representative Name (Last Name First)

Address

Phone

City

CA

State

Zip Code

Email Address (optional)

NO PHOTO.

**PRESENT ID AT
GAME TIME.**

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 _____