



United States Adult Soccer Association, Inc.

Affiliated with the United States Soccer Federation

California Soccer Association North - 134th Silver Avenue • San Francisco, California 94134-1226
 (415) 467-1881 *Player Registration Fee Required*

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 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 #

Current Team

Players Last Team Affiliation

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



**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS
AND
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way for the United States Adult Soccer Association, Inc., its State Associations, Leagues, and Member Teams, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the United States Adult Soccer Association, Inc., its State Associations, Leagues and Member Teams, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT,
FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL
RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY
INDUCEMENT.**

Age: _____ Date: _____ Participant's Signature: _____