



United States Amateur Soccer Association, Inc.

Affiliated with the United States Soccer Federation

California Soccer Association North - 1346 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. Remember to sign page 2 also.
Please Type or Use Ballpoint Pen Firmly

Male Female

Player's Name (Last Name First) _____			Player's Pass No. (if known) _____
Address _____			Phone _____
City _____	State _____	Zip Code _____	Mo. / Day / Year Date of Birth _____
Email Address (optional) _____			
US. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Intent to become a citizen <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	State _____	Zip Code _____	Email Address (optional) _____

**PASTE PASSPORT
STYLE PHOTO HERE
(FACE FORWARD
NO HAT,
GLASSES
OR MASK
IN GOOD LIGHTING)**

(Or email digital photo)

**Attach Photo in this
Box**

RELEASE AND DISCLAIMER

Soccer is a contact sport involving risk of serious injury, disability, illness 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, illness, death, or property damage alleged to be caused in whole or in part by affiliates' actions or omissions.

I HAVE READ THE RELEASE OF LIABILITY 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 Affiliates, Leagues, and Member Teams, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury or illness 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 or illness does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS OF INJURY OR ILLNESS, both known and unknown to me at the time of this agreement, 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 Affiliates, 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 ILLNESS, 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; and
- 5) I will comply with all of the requirements of 34 U.S.C. 20341 as they pertain to my interaction with or observation of any person under 18 years old who participates in soccer in any way and with any decisions or regulations of the Center for Safe Sport as they may pertain to me.

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 Signature: _____

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Date: _____ Parent/Guardian's Signature: _____

Emergency Phone Number: _____