



# United States Adult Soccer Association, Inc.

**Affiliated with the United States Soccer Federation**

7000 S. Harlem Avenue, Bridgeview, IL 60455 708.496.6870

*Player Registration Fee Required*

"A"  "AD"

PLAYER INSTRUCTIONS: Please fill out the top third of this form including your birthdate, then sign and date at the bottom. Only use this form if you are changing teams during the registration year.

Please Type or Use Ballpoint Pen Firmly

Male  Female

Vg  
\_\_\_\_\_

Player's Name (Last Name First)

\_\_\_\_\_ Player's Pass No. (if created)

\_\_\_\_\_ Address

\_\_\_\_\_ Phone

\_\_\_\_\_ City \_\_\_\_\_ 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.

PHOTO

CSAN 7 UJzcfjUGcWYf'5 ggcVUjcb'Bcfh ž-bW

Code State Association

\_\_\_\_\_ League # \_\_\_\_\_ Current Tournament or League

\_\_\_\_\_ Team # \_\_\_\_\_ Current Team Name

### 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 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 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Team: \_\_\_\_\_