



United States Adult Soccer Association

Affiliated with the United States Soccer Federation

9152 Kent Avenue, Suite C-50
Lawrence, IN 46216
(317) 541-8564

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 Use Ballpoint Pen and Print Firmly

Male Female

<input type="text"/>		<input type="text"/>
LAST NAME	FIRST NAME	PERSONAL ID#
<input type="text"/>		<input type="text"/>
ADDRESS		PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	ST	ZIP CODE
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Becomes a citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Birth: <input type="text"/>		BIRTHDATE
<input type="text"/>		<input type="text"/>

<input type="text"/>
PLAYER'S EMAIL ADDRESS
Please fill out the following section with your team and Team Representative information:
OKLAHOMA SOCCER ASSOCIATION
Please Select Your League
LEAGUE (REQUIRED)*
<input type="text"/>
TEAM
<input type="text"/>
LAST TEAM AFFILIATION
<input type="text"/>
TEAM REPRESENTATIVE
<input type="text"/>
ADDRESS, CITY, STATE, AND ZIPCODE
<input type="text"/>
TEAM REPRESENTATIVE'S E-MAIL ADDRESS
<input type="text"/>

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.

***AD* Form Requires \$30.00**

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	<input type="text"/>	Date	<input type="text"/>
Team Representative	<input type="text"/>	Date	<input type="text"/>
League Registrar	<input type="text"/>	Date	<input type="text"/>

The above information is true and correct to the best of my knowledge. I also acknowledge that by typing my name, it will serve as my electronic signature and is binding.

Print Form Submit by Email