



UNITED STATES ADULT SOCCER ASSOCIATION
INDIVIDUAL PLAYER REGISTRATION FORM

Player ID #: check if state assigned

Name
Last Name First

Address

City
State Zip Code

County

Birth Date - Phone
Required (dd/mm/yy) Home # Cell or Work # (circle)

Team you are applying for:

Current League

State Association G E O R G I A S T A T E A M A T E U R

Last Team Affiliation

Last Season of Play

Country of Birth U.S. Citizen Yes No

E mail Address

Player Status

Transfer

New Dual

RE - Registration

Change / Correction

Player Information

Amateur

Professional

Male

Female

RECOGNIZING THE POSSIBILITY OF SERIOUS PHYSICAL INJURY, DISABILITY OR DEATH ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USASA AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USASA, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S ARTICIPATION IN THE "PROGRAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

Player Signature _____ Date _____

Team Representative _____ Date _____

State Registrar _____ Date _____

USSF Approval _____ Date _____

For Professional Players Only