

## **United States Amateur Soccer Association, Inc.**

Affiliated with the United States Soccer Federation

1801 S. Prairie Avenue Chicago, IL 60616 (312)808-1300

AMATEUR PL	.AYER REGISTR	ATION FORM
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PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the date and your signature in the bottom segment of the form.  Player ID/PASS #  Player's Name (Last Name First)  Telephone  Telephone  Telephone  Address  Email  City  U.S. Citizen  Yes  No  Intent to become a citizen?  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 appropiate fees.  Eastern Pennsylvania Soccer Association  State Association  State Association  Eastern Pennsylvania Amateur Soccer Leage (EPASL)  Current League  Governor Mifflin 0-40 #648  Current Team  Player's Last Team Affiliation  Bauer, Christian  Telephone  THIS AMATEUR PLAYER REGISTRATION FORM MAY BE USED AS AN "A" "Form (Amateur) or as an "AD" Form (Amateur) or as an "AD" Fo	AMATEUR PLAYER REGISTRATION FORM					A" [	"AD"			
Player's Name (Last Name First)  Address  Email  City  U.S. Citizen  Yes No Intent to become yes No Intent to become a citizen?  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 appropriate fees.  Eastern Pennsylvania Soccer Association  State Association  Eastern Pennsylvania Amateur Soccer Leage (EPASL)  Current League  Governor Mifflin 0-40 #648  Current Team  Player's Last Team Affiliation  Bauer, Christian  Team Representative Name (Last Name First)  P.O. Box 6132  Address  Wyomissing  City  RELEASE AND DISCLAIMER  Soccer is a contact sport involving risk of serious injury, disability, or death. Not all risk are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and convenant not to see United States Soccer federation or affiliates on account or injury, death, or properly damage alleged to be caused in whole or in part by affiliate's actions or ormissions.  Player's SignNing. I KNOWINGLY ASSUME THE RISK.  Players Signature:  Date  Date  Date  Date  Date  Date Sept 1, 2022						le	Female			
City	Player ID/PASS #									
U.S. Citizen Yes No Intent to become a citizen?  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 appropiate fees.  Eastern Pennsylvania Soccer Association   State Association   State Association   Current League   Current League   Current League   Current Team	Player's Name (Last Name First)			Telephone	Telephone					
U.S. 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 appropiate fees.  Eastern Pennsylvania Soccer Association State	Address	Email								
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Team Representative Name (Last Name First)  P.O. Box 6132 Address  Christian@readingunitedac.com Email  PA State  PA State  Telephone  PA State  PA State  PA State  Telephone  PA State  PA State  PA State  State  PA State  Telephone  PA State  State  PA State  State  Telephone  PA State  State  PA State  State  State  State  PA State  S	Player's Last Team Affiliation	)								
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