



United States Amateur Soccer Association, Inc.

Affiliated with the United States Soccer Federation

California Soccer Association North - 1348 Silver Avenue • San Francisco, California 94134-1226
Registration Fee Required (866) 404-2726 Make checks payable to CSA-N

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 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

Month / 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.

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)

This amateur player registration form may be used as an "A" form (Amateur) or as an "AD" Form (Amateur Detention).

Paste color passport photo here.

Please mark the appropriate box at the top of the page. **Passport size photo required.**

Attach photograph in this Box.

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 _____