



**United States Adult Soccer Association, Inc.**

A National Association Member of the United States Soccer Federation  
9152 Kent Avenue Suite C-50 · Lawrence, Indiana 46216 · (317) 541-8564



<b>WOMEN'S PREMIER SOCCER LEAGUE</b> AMATEUR PLAYER REGISTRATION FORM	<input type="checkbox"/> Amateur	<input type="checkbox"/> Transfer	<input type="checkbox"/> Loan
	<input type="checkbox"/> Amateur Detention	<input type="checkbox"/> Release	<input type="checkbox"/> Loan Cancellation

**PLAYER BIOGRAPHICAL INFORMATION**

USE BALLPOINT PEN AND PRINT FIRMLY AND LEGIBLY. ALL ITEMS ARE REQUIRED.

LAST NAME		FIRST NAME		LAST 6 DIGITS OF SSN	
MAILING ADDRESS			CITY		STATE
EMAIL ADDRESS			HOME TELEPHONE NUMBER		LAST TEAM PLAYED FOR
DATE OF BIRTH	PLACE OF BIRTH		CITIZENSHIP (COUNTRY)		
MONTH	DAY	YEAR	<input type="checkbox"/> USA	<input type="checkbox"/> OTHER:	<input type="checkbox"/> USA <input type="checkbox"/> OTHER:

<b>AMATEUR REGISTRATION</b>
_____
TEAM NAME

<b>PLAYER RELEASE</b>
_____
TEAM NAME

<b>PLAYER LOAN</b>	
_____	
TEAM LOANED TO	
START DATE	END DATE

<b>PLAYER TRANSFER</b>
_____
TEAM TRANSFERRED TO
TRANSFER DATE

**TEAM REPRESENTATIVE INFORMATION**

FULL NAME	PHONE NUMBER	SIGNATURE
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**RELEASE AND DISCLAIMER**

I acknowledge that I am presently not under professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of the United States Soccer Federation, Inc. I further certify and agree that as long as I am a participant in the Women's Premier Soccer League, I will abide by all its rules, regulations, and By-Laws as prescribed by the Executive Board, the league coaches and referees. I acknowledge that 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, Inc. 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 understand that the Women's Premier Soccer League does not carry medical insurance and that I am responsible for my own insurance coverage. 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: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A REGISTRATION IS NOT VALID UNLESS ACKNOWLEDGED BY THE LEAGUE REGISTRAR**  
**FAX TO: 1-800-854-0913 OR MAIL TO: 9606 AERO DRIVE #1000, SAN DIEGO, CA 92123**