



UNITED STATES FUTSAL FEDERATION

FUTSAL



STATE LEAGUE TEAM

APPLICATION DATE

PLAYER REGISTRATION #

AMATEUR/PROFESSIONAL PLAYER REGISTRATION

CURRENT USASA REGISTRATION # NONE

(please print firmly and legibly to make clear multiple copies)

LAST NAME FIRST NAME SEX

ADDRESS CITY

STATE ZIP CODE TELEPHONE BIRTHDATE

U.S. CITIZEN YES NO INTEND TO BECOME CITIZEN YES NO COUNTRY OF BIRTH

PLAYER'S PROFESSION SOCIAL SECURITY NUMBER

PLAYER'S LAST TEAM AFFILIATION LAST SEASON

I acknowledge that I assume the risk for any personal injury I sustain before, during, or after the game and/or practice and will not hold liable my Team, Club, League, State Association, or the U.S. Futsal Federation

Player's Signature DATE

TEAM REPRESENTATIVE INSTRUCTIONS (please complete all information in this section including your name and address, then sign and date the form before sending it to the State Registrar, enclosing the appropriate fees and registration materials)

TEAM REPRESENTATIVE INFORMATION

LAST NAME FIRST NAME

ADDRESS TELEPHONE

CITY STATE ZIP

This Amateur Player Registration form may be used as an "A" form (Amateur), "AD" form (Amateur Detention), or as a "PRO" form (Professional) at the discretion of the respective State Association. Please mark the appropriate box here.

A AD PRO

CURRENT TEAM

LEAGUE STATE ASSOCIATION

Representative's Signature DATE

State Registrar's Signature DATE

THE UNITED STATES FUTSAL FEDERATION

FUTSAL



PLAYER PASS

Name (print)

Player I.D. #

Date of Birth

Signature

OFFICIAL USE

COMMENT

VERIFIED BY

REGISTRATION FEE \$

AMOUNT PAID \$

CASH CHECK #

1

2