



United States Senior Soccer Division Inc.

Affiliated with the United States Soccer Federation

Viscount Hotel • J.F.K. International Airport • Jamaica, NY 11430

TELEPHONE (718) 917 8484

Player Registration Form

New Transfer

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 Use Ballpoint Pen and Print Firmly

Amateur Professional

_____ **B | S | S | L** _____
 Player's Name (Last Name First)

_____ Address _____ Phone _____

_____ City _____ State _____ Zip Code _____ Mo. _____ Day _____ Yr. _____
 Date of Birth

U.S. 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. For professional players, mail to USSSD office with appropriate fee (\$18.00).

FOR PROFESSIONAL PLAYERS USE ONLY

TYPE OF FORM SIGNED LAST:

REGISTRATION PERIOD OF THE ABOVE PLAYER:

FROM: _____

TO: _____

DATE ACKNOWLEDGED:

_____ State Association

_____ Current League _____ Division _____

_____ Current Team

_____ Players Last Team Affiliation _____ Last Season _____

_____ Team Representative (Last Name First)

_____ Address _____ Phone _____

_____ City _____ State _____ Zip Code _____

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

Player's Signature _____ Date _____

Team Representative _____ Date _____

State Registrar _____ Date _____