



USSSA Soccer
Affiliated with the United States Soccer Federation
 611 Line Dr. * Kissimmee, FL 34744
 (800)741-3014

AMATEUR PLAYER REGISTRATION FORM

PLAYER INSTRUCTIONS: Please complete ALL the information requested, including the date and your signature in the bottom segment of the form. *Las INSTRUCCIONES del JUGADOR: completa por favor TODA la información solicitada, inclusive la fecha y su firma en el segmento del fondo de la forma.*

"A" "AD"

Male Female
Masculino La hembra

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<p>US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOSOTROS Ciudadano Sí No</i></p>	<p>Intent to become a citizen <input type="checkbox"/> Yes <input type="checkbox"/> No <i>La intención a llega a ser un ciudadano Sí No</i></p>																																																																																		
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RELEASE AND DISCLAIMER

I here by certify that I have read or had read to me the USSSA player Responsibility and Release Form and that I fully understand and knowingly and voluntarily agree to the terms there of. 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.

DESBLOQUEAR Y NEGACIÓN

Yo reconozco por la presente haver leído, o que se me ha leído el USSSA Player Responsibility and Release Form y he comprendido el contenido y estoy de acuerdo con las condiciones escritas. El fútbol es un deporte del contacto que implica riesgo de lesión, de la inhabilidad, o de la muerte seria. No todos los riesgos son previsibles. En la consideración de ser permitido a participar, convengo por el desbloquear, renuncio, y convengo para no demandar United States Soccer Federation o los afiliados a causa de lesión, de muerte, o de los daños materiales alegados para ser causado en entero o en parte las acciones de los afiliados o las omisiones. HE LEÍDO EL DESBLOQUEAR Y LA NEGACIÓN Y RECONOCIDO QUE DOY PARA ARRIBA LAS DERECHAS SUBSTANCIALES FIRMANDO. ASUMO CON CONOCIMIENTO EL RIESGO.

Signature / Firma: _____ Date / Fecha: _____

VISA/MASTERCARD INFORMATION

Name on Card _____ MC VISA

Card Number

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 Exp. Date _____

Registration Fee \$ _____

Please add \$ _____ to my total as a donation for: Scholarship Mia's Closet Soccer Complex

Total \$ _____ Signature _____