



# United States Adult Soccer Association, Inc.

A National Association Member of the United States Soccer Federation

**California Soccer Association North (CSAN)**

1348 Silver Ave

San Francisco, CA 94134 phone (415) 467-1881, fax (415) 467-1934



## ADULT PLAYER REGISTRATION FORM

### Sacramento Adult Soccer League

(Return processed player pass to: Michael Parker; SASL PAD Committee; 3645 Grand Point Ln; Elk Grove CA 95758)

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

Female  Male

Player's Name (Last Name First)

CSAN I.D. No.( from players pass)

Address

Phone

Mo.

Day

Year

City

State

Zip Code

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.

### CSAN

Code State Association

**22 Sacramento Adult Soccer League**

League # Current League

Team # Current Team

Players Last Team Affiliation Last Season

Team Representative Name (Last Name First)

Address Phone

City State Zip Code

#### 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 \_\_\_\_\_