

United States Amateur Soccer Association, Inc.

Affiliated with the United States Soccer Federation

California Soccer Association North - 1348 Silver Avenue • San Francisco, California 94134-1226 (415) 467-1881 Player Registration Fee Required

AMATEUR PLAYER TRANSFER FORM	"A" "AD"
PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the d and your signature in the bottom segment of the form. Please Type or Use Ballpoint Pen F	
Player's Name (Last Name First) Address	Player's Pass No. (if known) Phone
City State Zip Code	Month / Day / Year Date of Birth
Email Address (optional) US. Citizen Yes No 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. California Soccer Association North (CSAN) Code State Association 22 Sacramento Adult Soccer League League # Current League Team # Current Team	THIS AMATEUR PLAYER REGISTRATION FORM MAY BE USED AS AN "A" FORM (Amateur) or as an "AD" Form (Amateur Detention) Please mark the appropriate box at the top of the page and below.
Player's Previous Team Last Season	Attach Photo in this Box
New Team Representative Name (Last Name First)	
Address Phone	
City State Zip Code Email Address (optional)	
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 Team Representative	Date
State Registrar	Date