



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: SASL PAD Chairman)

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

Date of Birth
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

FC IRELAND

Team # Current Team

Players Last Team Affiliation

Last Season

MCCREARY, DAVID

Team Representative Name (Last Name First)

2138 5th STREET

Address

Phone

LINCOLN

CA 95648
State Zip Code

City

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 _____

X CELL# _____

X EMAIL _____