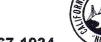


United States Adult Soccer Association, Inc. A National Association Member of the United States Soccer Federation

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 □	MaleX
X		
Player's Name (Last Name First)	CSAN I.D. No.(from players pass)
Address Phone Y	Date of Birth	
×	Mo. Day	Year
City State Zip Code		
US. Citizen Yes No Intent to become a citizen Yes I 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 RELAND		
Team # Current Team	,	
Players Last Team Affiliation Last Season		
MCCREARY, DAVID Team Representative Name (Last Name First)		
Team Representative Name (Last Name First) 1 2 3 8 5 5 STREET		
Address Phone	25110	
LINCOLN CA C	p 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 particovenant not to sue United States Soccer Federation or affiliates on account of injury, death, or property damage alleged to be caused in whole comissions. I HAVE READ THE RELEASE DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASS	or in part by atti Trates'	se, waive, and actions or
Player's Signature Date Date		
	and the second s	
Team Representative Date		
State Registrar Date		

X_CEL#____

X EMAIL ____