



2010-11
Spring/ Summer
Outdoor Season
Player Application

For Office Use Only:

Season fee:
Method of Payment:
Received Date:
If Needed:
US Amateur Form:
US Amateur Fee
Player Card:

REGISTRATION DEADLINE: Will accept all applications for Active Player List until March 21st

REGISTRATION FEE: See Website under PayNow Season Fees for information on fees.

**USASA Insurance Fee is \$25.00, payable once a fiscal year, for the period of Sept 1st to Aug 31st. Must be paid separately

Sign Up during office hours only or mail your application, USASA fee and color copy of Drivers L to office address below.

Office Hours and more Information located at www.sfadultsoccer.com

Office Address: SF Adult Soccer Leagues, 1601 W 44th Place Suite #2, SF, SD 57105

LAST NAME:

FIRST NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE: **CELL

WORK

**to sign up for *Text Message Service* -Text to 368674 with the message- sfbiz SFASLPLAYERS

NAME OF TEAM YOU PREFER TO PLAY ON:

GENDER(Circle One) M F

DATE OF BIRTH (must be 18 years old or older):

***EMAIL ADDRESS:**

* All Adult League Soccer Information is communicated through email/texting. PRINT CLEARLY!

Games will be played Sundays, if reschedule during the week.

Years of Soccer Experience:

**What postions
have you played?**

(Circle All that apply)

Offense
Keeper
Defender
Midfield

**League that you would
like to play in?**

(Circle One)

Competitive
Intermediate
Entry

All Levels of Soccer Played:

(Circle All that apply)

Recreational
Advanced
HS Varsity/JV
College
Adult

I agree that I will abide by the rules if FIFA, the USASA, it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the United States Amateur Soccer Association accepting me into it's soccer programs and activites, I hereby, release, discharge, and/or otherwise idemnify the USASA, it's affiliated organizations and sponsors, their employees and associated personnel, including owners of the fields and facilities utilized for the programs, against any claim by or on behalf of myself as a result of my participation in the programs and/or being transported to or from the same. In addition, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to perserve my life or well being. I hereby Agree with the above statement and certify that everything on this application is correct, to the best of my knowledge.

X _____