



**NORTH TEXAS SOCCER**  
 Affiliated with the United States Amateur Soccer Association  
 And the United States Soccer Federation  
 1740 South Interstate 35, Suite 105  
 Carrollton, TX 75006  
 972-323-1323 Voice  
 972-242-3600 Fax

**AMATEUR PLAYER REGISTRATION FORM**

**PLAYER INSTRUCTIONS:** Please complete the information requested in this segment, then sign and date the bottom segment of the form. **Please Use Black Ink and Print Neatly.**  Male  Female

Player's Last Name	Jersey #	Player's I.D. Number			
Player's First Name	M.I.	Player's Home Phone Number			
Address					
City	State	Zip Code	Month	Day	Year

**TEAM REPRESENTATIVE INSTRUCTIONS:** Please complete the information requested in this segment, then sign and date the bottom segment of the form before sending to the State Registrar, enclose the appropriate fees. **Please Use Black Ink and Print Neatly.**

**NORTH TEXAS STATE SOCCER ASSOCIATION**

League #	League Name	
Team #	Team Name	
	Division	
Team Representative (Last Name First)		
City	State	Zip Code
Home Telephone Number		

I am registering on an "A" form.

I Acknowledge that I assume the risk for any personal injury I sustain before, during or after the game and/or practice, and I will not hold liable my Team, Club, City, State Association, the United States Amateur Association, or the United States Soccer Federation.

Player's Signature: _____	Date: _____
Team Representative: _____	Date: _____
State Registrar: _____	Date: _____

