



# GEORGIA ADULT SOCCER ASSOCIATION PLAYER REGISTRATION FORM

FOR LEAGUE USE ONLY

TRANSFER

NEW

RE-REGISTRATION

CHANGE/CORRECTION

OTHER

GA ID NO

Name:

Last Name First

Address:

CITY:  STATE  ZIP CODE

HOME PHONE  WORK PHONE

CELL PHONE

EMAIL ADDRESS

BIRTH DATE  -  -

Amateur  Professional  Male  Female

CURRENT ASSIGNED TEAM:

CURRENT LEAGUE:

STATE ASSOCIATION:

LAST TEAM AFFILIATION:

LAST LEAGUE AFFILIATION:

LAST SEASON:  U.S. CITIZEN: Yes  No

COUNTRY OF BIRTH:

**RECOGNIZING THE POSSIBILITY OF SERIOUS PHYSICAL INJURY, DISABILITY OR DEATH ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE USSF/USASA AND ITS AFFILIATES ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES (THE "PROGRAMS"), I HEREBY RELEASE, DISCHARGE, AND/OR OTHERWISE INDEMNIFY THE USSF/USASA, IT'S AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE "PROGRAMS" AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANT'S PARTICIPATION IN THE "PROGRAMS" AND/OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE . THEREFORE I ACKNOWLEDGE AND ACCEPT THE RISK INVOLVED IN PARTICIPATION.**

PLAYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TEAM REPRESENTATIVE: \_\_\_\_\_ DATE \_\_\_\_\_

STATE REGISTRAR: \_\_\_\_\_ DATE \_\_\_\_\_

USSF APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_  
(FOR PROFESSIONAL PLAYERS ONLY)