



WOMEN'S PREMIER SOCCER LEAGUE



AMATEUR PLAYER REGISTRATION FORM	<input type="checkbox"/> Amateur	<input type="checkbox"/> Transfer	<input type="checkbox"/> Loan	<input type="checkbox"/> ITC Needed
	<input type="checkbox"/> Amateur Detention	<input type="checkbox"/> Release	<input type="checkbox"/> Loan Cancellation	

PLAYER BIOGRAPHICAL INFORMATION

USE BALLPOINT PEN AND PRINT FIRMLY AND LEGIBLY. ALL ITEMS ARE REQUIRED.

LAST NAME		FIRST NAME		LAST 6 DIGITS OF SSN	
MAILING ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS		HOME TELEPHONE NUMBER		LAST TEAM PLAYED FOR	
DATE OF BIRTH MONTH DAY YEAR		PLACE OF BIRTH <input type="checkbox"/> USA <input type="checkbox"/> OTHER:		CITIZENSHIP (COUNTRY) <input type="checkbox"/> USA <input type="checkbox"/> OTHER:	

AMATEUR REGISTRATION

TEAM NAME

PLAYER RELEASE

TEAM NAME

PLAYER LOAN	

TEAM LOANED TO	

START DATE	END DATE

PLAYER TRANSFER

TEAM TRANSFERRED TO

TRANSFER DATE

TEAM REPRESENTATIVE INFORMATION

FULL NAME	PHONE NUMBER	SIGNATURE
_____	_____	_____

RELEASE AND DISCLAIMER

I acknowledge that I am presently not under professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of the United States Soccer Federation, Inc. I further certify and agree that as long as I am a participant in the Women's Premier Soccer League, I will abide by all its rules, regulations, and By-Laws as prescribed by the Executive Board, the league coaches and referees. I acknowledge that 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, Inc. 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 understand that the Women's Premier Soccer League does not carry medical insurance and that I am responsible for my own insurance coverage. 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: _____

Registrar's Signature: _____ Date: _____

A REGISTRATION IS NOT VALID UNLESS ACKNOWLEDGED BY THE LEAGUE REGISTRAR

FAX TO: 1-800-854-0913