



Amateur Registration Form



Team Name: _____ League LISFL Division _____

Player Registration: Amateur Male _____ Female _____

Player Instructions: Complete all sections of this registration form.
Sign and date it at the Bottom. Print legible or type.

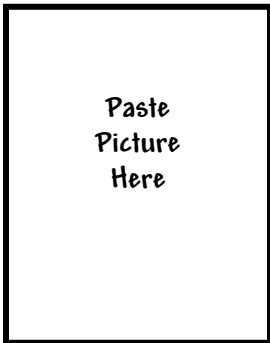
Last Name	First Name (M.I.)	Social Security Number _____	
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Mailing Address	City	State	Zip
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Phone Number	Email Address
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Date of Birth	Month/Day/Year	Place of Birth	Specific if not in United States
/	/	Citizenship	Country
		☐ USA	☐ USA
		☐ Other	☐ Other

Last team / School Played for	League	State	Country
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Paste player's identification SS card in this space

Personal Medical Insurance Information

Insurance Provider

Policy #

A player is not allowed to play until this Registration Form has been approved by the ENYSASA Registrar and proof of checks for secondary insurance are received.

Professional Players MUST use the US Soccer Registration form and Professional Contract.

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, State Association, ENYSASA U.S. Amateur Soccer Association, or U.S. Soccer Federation.

Player Signature _____ Date _____

Team Representative _____ Date _____

ENYSASA Registrar _____ Date _____