



Application for  
**PERMANENT PLAYER REGISTRATION**  
*OUTDOOR SOCCER*  
 National Premier Soccer League  
 Affiliated with the  
 United States Adult Soccer Association



Check here if Duplicate Registration, with which State Association: \_\_\_\_\_  Player Transfer/Release

**A. THIS INFORMATION IS REQUIRED** and must be completed for your application to be accepted.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial/Name \_\_\_\_\_  
 Permanent Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Email Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (Parental permission is required if under 18)

Playing status (check only one): \_\_\_\_\_ Amateur \_\_\_\_\_ Amateur Detention \_\_\_\_\_ Professional. You are a professional player if you **have ever played** under a professional contract and have not changed your status. **If you are a professional player you are not eligible to play in the National Premier Soccer League**

**B. In consideration for being allowed to participate in any U. S. Amateur Soccer Association athletic/sports program, and related events and activities, the undersigned:**

Agrees that prior to participating, they will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses, which might result from their own not only actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

2. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

3. Release, waive, discharge and covenant not to sue the U.S. Amateur Soccer Association, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and lessors of premises used to conduct the event, all of which are herein after referred to as "releases", from demands, losses or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

**PRINTED NAME**

**SIGNATURE**

**DATE**

C. Are you a U.S. Citizen? \_\_\_\_\_ yes \_\_\_\_\_ no Country of Birth :  USA  Other \_\_\_\_\_

If you entered the United States after the age of 12, have you applied for and received an international clearance? \_\_\_\_\_ yes \_\_\_\_\_ no

If you have been issued an international clearance what was the date of issue? \_\_\_\_\_ **Submit a copy with this form**

**D. CERTIFICATION:** By signing and submitting this registration application, I agree to abide by the laws and rules of the game of soccer as promulgated by the International Football Federation (FIFA), the United States Soccer Federation (USSF), the National Premier Soccer League (NPSL) and any properly affiliated league or team which may sanction a competition in which I choose to participate. I further agree that failure to abide by these laws and rules may result in the revocation of the right to play granted by the acceptance of this registration.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**E. PLAYER TRANSFER/RELEASE:**

Current Team Player Registered Under: \_\_\_\_\_ Team Transfer to: \_\_\_\_\_

Current Team Officials Name \_\_\_\_\_ Current Team Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With this application, I am registering for:

Team Name \_\_\_\_\_ Phone: \_\_\_\_\_

Team Representative \_\_\_\_\_ Date: \_\_\_\_\_

