

AMATEUR PLAYER REGISTRATION FORM "A"



FORT WORTH ADULT SOCCER ASSOCIATION

5043 TRAIL LAKE DRIVE, FORT WORTH, TX 76133

PHONE: 817-346-0150 FAX: 817-346-0154

WEBSITE: www.fwadultsoccer.com EMAIL: fwasa@sbcglobal.net

NORTH TEXAS STATE SOCCER ASSOCIATION, INC.

1740 S. INTERSTATE 35, STE. 105, CARROLLTON, TEXAS 75006

PHONE: 972-323-1323 FAX: 972-242-3600

WEBSITE: www.ntxsoccer.org

AFFILIATED WITH THE UNITED STATES AMATEUR SOCCER ASSOCIATION AND THE USSF

PLAYER INSTRUCTIONS: Please complete the information requested in this segment, then sign below.

MALE FEMALE

PLAYER'S **LAST** NAME

PLAYER'S FIRST NAME

M.I.

PLAYER'S STREET ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

PLAYER'S HOME TELEPHONE#

PLAYER'S CELL PHONE #

DATE OF BIRTH: _____ / _____ / 19_____

PLAYER'S EMAIL:

TEAM REPRESENTATIVE INSTRUCTIONS: Please complete all information requested in this segment, then sign and date below.

NT NORTH TEXAS STATE SOCCER ASSOCIATION

CODE STATE ASSOCIATION

FWA FORT WORTH ADULT SOCCER ASSOCIATION

LEAGUE # LEAGUE NAME

TEAM # TEAM NAME

DIVISION

TEAM REPRESENTATIVE, **LAST NAME FIRST**

TEAM REPRESENTATIVE STREET ADDRESS

APT. NUMBER

CITY

STATE

ZIP CODE

TEAM REPRESENTATIVE'S HOME TELEPHONE#

TEAM REPRESENTATIVE'S CELL PHONE #

👉 RELEASE OF LIABILITY 👈

I am registering on an "A" form. In consideration of being allowed to play soccer in the FWASA, I acknowledge and understand that I 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 not only from my own actions, but also the inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known or not reasonably foreseeable at this time. I assume all the risk and responsibility for any personal injury I sustain before, during or after a game and/or practice in which I play, and I will not hold liable or sue My Team, Club, City, the FWASA, NTSSA, USASA or USSF.

PLAYER'S SIGNATURE _____ DATE: _____

TEAM REPRESENTATIVE'S SIGNATURE _____ DATE: _____

STATE REGISTRAR _____ DATE: _____