

Kentucky Soccer Association

P. O. Box 5626
Louisville, Kentucky 40255-0626

AMATEUR PLAYER REGISTRATION FORM

PLAYER INSTRUCTIONS: Please complete the information requested in the shaded areas, including the date and your signature in the bottom segment of the form. (PLEASE PRINT CLEARLY)

_____	_____	K _____
Player's Last Name	Player's First Name	Player ID - First letter of last name, birth Month (MM Format), Birth Day (DD Format), Birth Year (YY Format), First Letter of First Name. Ex: H122868P

Address		

_____	_____	_____
City	State	Zip

_____	_____	_____
Home Phone (Include Area Code)	Work Phone (Include Area Code)	Cell Phone (Include Area Code)
<input type="checkbox"/>	<input type="checkbox"/>	
Male	Female	_____
		Date of Birth (MM/DD/YY)
_____		_____
US Citizen	<input type="checkbox"/>	Country of Birth
	<input type="checkbox"/>	
	Yes	No

		Intent to become a citizen
		<input type="checkbox"/>
		<input type="checkbox"/>
		Yes
		No

		Email address

TEAM REPRESENTATIVE INSTRUCTIONS: Please complete all information in this segment, then sign and date the bottom segment of the form before sending to the State Registrar, enclosing the appropriate fees. State Code, League # and Team # will be assigned by State Registrar.

_____ **Kentucky** _____
Code State Association

_____ **Lexington Women's Soccer League (LWSL)** _____
League# League Name

_____ _____
Team# Team Name

_____ _____
Team Representative Name (Last Name First) Telephone

_____ _____
Address of Team Representative Alt. Telephone

_____ _____ _____
City State Zip

RELEASE AND DISCLAIMER

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 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 HAVE READ THE RELEASE AND DISCLAIMER AND RECOGNIZED THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.

Player's Signature _____ Date _____

Team Representative _____ Date _____

State Registrar _____ Date _____