

# 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)

_____	_____	<b>K</b> _____
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) Country of Birth
US Citizen	<input type="checkbox"/> <input type="checkbox"/>	Intent to become a citizen <input type="checkbox"/> <input type="checkbox"/>
	Yes No	Yes No

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

\_\_\_\_\_ \_\_\_\_\_  
League# League Name

\_\_\_\_\_ \_\_\_\_\_  
Team# Team Name

\_\_\_\_\_ Telephone \_\_\_\_\_  
Team Representative Name (Last Name First)

\_\_\_\_\_ Alt. Telephone \_\_\_\_\_  
Address of Team Representative

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City