2010 PDL Amateur Registration Form

Team Name: _____

Instructions: Complete ALL sections of this registration form; please print or type. Sign and date at the bottom. Form is not valid without signatures. Player will be eligible upon USL approval.

Last Name	First Name (M.I.)

Mailing Address	City	State	Zip

Phone Number	Email Address

Date of Birth *Month/Day/Year*	Place of Birth *Specify if not in the United State*	Citizenship *Country*
/ /	[ ] USA [ ] Other_____	[ ] USA [ ] Other_____

Last Club	League	State	Country

College / University

I confirm that I hold "Amateur" player status. I acknowledge that I assume the risk for any personal injury I sustain before, during or after a game and / or practice. I will not hold liable my Team, State Association, Province, USISL, Inc., USASA, Canadian Soccer Association, or US Soccer Federation.

Player Signature_____

Date_____

Personal Medical Insurance Information

_____
Insurance Provider

_____
Policy #

Proof of Insurance *USL Office Use Only*

_____ USISL Inc.

_____ USASA

Team Representative_____ **Date**_____

USL Registrar_____ **Date**_____

A player is not eligible to play until this Registration Form has been signed by the USL Registrar and all documentation, information, and payment has been received by the USL Office.