



2009 W-League 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.)		
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Mailing Address	City	State	Zip
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Phone Number	Email Address
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Date of Birth <i>Month/Day/Year</i> / /	Place of Birth <i>Specify if not in the United State</i> [] USA [] Other _____	Citizenship <i>Country</i> [] USA [] Other _____
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Last Club	League	State	Country
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College / University

Personal Medical Insurance Information

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., Canadian Soccer Association, or US Soccer Federation.

Player Signature _____

Date _____

_____ Insurance Provider

_____ Policy #

Proof of Insurance *USL Office Use Only*

_____ USISL Inc.

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.