



PLAYER REGISTRATION FORM

INDIVIDUAL PLAYER INFORMATION:

Team Name: _____

WSSA Id Number: _____

(not necessary, if you don't have a state card at this time)

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ Email Address: _____

State: _____ Zip: _____ Jersey Number: _____

I understand that soccer is a sport that carries a risk of injury. In consideration of being allowed to play in Columbia Adult Soccer Association games, I hereby waive any claim for injury or damage that I may have or that may accrue in the future against Columbia Adult Soccer Association, it's Administrator, it's Officers or members, and upon the owners or operators of any fields upon which games are played, or any officials (known as referee's).

Date: _____ Player's Signature: _____