

U.S. Soccer Federation First Registration Form (FR-11)

Player's Last Name	First Name			Middle Initial	
Current U.S. Address	City		<u></u>	State	Zip Code
Country of Birth	Gender	Male / F	emale		
Birth Date Month Day Year	E-mail Addr	ess			
I,	, at	est the follo	wing to be	accura	te:
Are you a <u>CITIZEN</u> of the United States?	Yes	No			
Have you ever been registered with <u>ANY</u> teal	m outside of the	United Stat	es? Y	′es	No
Team to participate with			<u>-</u>		
League					
State Association					
By executing this form, I hereby represent that the inf	ormation contai	ned herein is	s true and	correct	
Ву:					
Signature of Player		Date:	Month	Day	Year
By: Signature of Parent or Guardian (Required for any player under the age of 18)		Date:	Month	Day	Year

Please complete and submit this form by mail, e-mail or fax to:

U.S. Soccer Federation
Attn: Player Registration
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax
player_registration@ussoccer.org