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

Type or Print clearly

Player's Last Name _____ First Name _____ M.I. _____

Current U.S. Address _____ City _____, State _____, Zip _____

Player's Date of Birth _____ / _____ / _____ Gender (must select one) ☐ Male ☐ Female

Country of Birth _____ Email address _____

I, _____, attest the following is to be accurate:

Are you a **CITIZEN** of the United States? (must select one) ☐ Yes ☐ No

Have you ever been registered with **ANY** team outside of the United States? (must select one) ☐ Yes ☐ No

Club Wishing to Participate with _____ Michigan State Youth Soccer
State Association

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____ Date: _____ / _____ / _____
Signature of Player Month Day Year

By: _____ Date: _____ / _____ / _____
Signature of Parent or Guardian Month Day Year
(Required for any player under the age of 18)

Please complete and submit this form along with supporting documentation by email to:

itc@michiganyouthsoccer.org

Michigan State Youth Soccer Association
Attn: ITC Player Registration
9401 General Drive, Suite 120
Plymouth MI 48170
michiganyouthsoccer.org