

# Adult Registration Help Sheet

\* - denotes required field

**Refund Policy:** Refunds are considered on a case by case basis.  
Please contact the Registrar for consideration and for more information.

## I. REGISTRATION INFORMATION:

*Present State Association: <b>Self Explanatory</b>	PENNSYLVANIA FUTSAL - WEST ▼
*League Association: <b>Self Explanatory</b>	No League Association ▼
*Club Association: <b>Self Explanatory</b>	No Club Association ▼

## II. ADULT PLAYER INFORMATION:

*First Name: <b>Self Explanatory</b>	<input type="text"/>
Middle Initial:	<input type="text"/>
*Last Name: <b>Self Explanatory</b>	<input type="text"/>
*Gender: <b>Self Explanatory</b>	<input type="text"/>
*Address Line 1: <b>Self Explanatory</b>	<input type="text"/>
Address Line 2: <b>Self Explanatory</b>	<input type="text"/>
*City: <b>Self Explanatory</b>	<input type="text"/>
*State: <b>Self Explanatory</b>	<input type="text"/>
*Zip Code: <b>Self Explanatory</b>	<input type="text"/>
*Home Phone: <b>Self Explanatory</b>	<input type="text"/> <input type="text"/> <input type="text"/>
*Birth Date (mm/dd/yyyy): <b>Self Explanatory</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>
*U.S. Citizen: <b>Self Explanatory</b>	-CHOOSE- ▼
Intend to become Citizen: <b>Self Explanatory</b>	-CHOOSE- ▼
*Country of Birth: <b>Self Explanatory</b>	<input type="text"/>
*Player's Profession: <b>Self Explanatory</b>	<input type="text"/>
Social Security Number: <b>Not Required</b>	<input type="text"/> <input type="text"/> <input type="text"/>
*Player's Last Team Affiliation: <b>Self Explanatory</b>	<input type="text"/>

\*Last Season: **Self Explanatory**

\*Category: **Self Explanatory**

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### III. EMERGENCY CONTACT INFORMATION:

List any medical problems

or prohibitions the player has: **Not Required**

Doctor to notify in emergency: **Not Required**

Doctor's Phone: **Not Required**

\*Person to notify in emergency: **Self Explanatory**

\*Emergency Contact's Phone: **Self Explanatory**

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### IV. COMMUNICATION INFORMATION:

**DIRECTION:** Team contacts will be able to send mass email to players.  
Please enter player's email address.

\*Enter E-mail of record for player: **Self Explanatory**  
Self Explanatory

\*Verify E-mail by retyping: **Self Explanatory**

Player does not have an E-mail Address: **Self Explanatory**

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### V. DONATIONS:

Please make a donation to help assist the different programs and opportunities provided and supported by US Futsal. Please check the following box if you wish to make a donation. This amount will be added to your total amount due and at the end of online registration you will receive a receipt on your certificate of registration.

\$5.00    \$10.00    \$25.00    \$50.00    \$100.00

Other:

I do not wish to contribute at this time. **Self Explanatory**

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### VI. IMPORTANT POLICY INFORMATION:

**\*Read the following information and check the box to indicate your agreement. Self Explanatory**

I agree that I will abide by the rules of the USFF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with minisoccer and in consideration for the USFF accepting the registrant for its Futsal (5-A-SIDE/Minisoccer) programs and activities (the "Programs"), I hereby release, discharge, and or indemnify the USFF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of gymnasiums and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I authorize.

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If you need assistance, please send an email to [futsal@futsal.org](mailto:futsal@futsal.org)!