



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

_____ Player's Last Name		_____ First Name		_____ Middle Initial
_____ Current U.S. Address		_____ City	_____ State	_____ Zip Code
_____ Country of Birth		_____ Gender	_____ Male / Female	
_____ Birth Date		_____ E-mail Address		
_____ Month	_____ Day	_____ Year		

I, _____, attest the following to be accurate:

Are you a **CITIZEN** of the United States? Yes___ No___

Have you ever been registered with **ANY** team outside of the United States? Yes___ No___

Team to participate with _____

League _____

State Association _____

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

By: _____
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 email this form, with a copy of the player's proof of identification to:

wsaregistrar2@gmail.com