

## **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 DateMonth Day Year	E-mail Addr	ess <sub></sub>					
I	, atte	est the follo	owing to be	e accura	ate:		
Are you a <u>CITIZEN</u> of the United States?	Yes	No					
Have you ever been registered with <u>ANY</u> tea	am outside of the	United Sta	tes?	Yes	<del></del>	No	
Team to participate with			_				
League							
State Association							
By executing this form, I hereby represent that the inf	ormation contain	ed herein i	s true and	correct			
By:		Date:	Month	Day	Year		
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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:

CJSA 11 Executive Drive Farmington, CT 06032 Fax: 860-676-1162