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 Date: Month Day Year
(Required for any player under the age of 18)

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