



# 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 submit this form by mail, e-mail or fax to:

SC Youth Soccer  
7436 Broad River Road  
Bldg. 2, Suite 211  
Irmo, SC 29063  
Fax: 803-749-4352  
scysa@scysa.org