



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