

**FORT BEND ADULT SOCCER ASSOCIATION REGISTRATION FORM**

PLAYER'S NAME / NATIONALITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CITY: \_\_\_\_\_ TEXAS ZIP CODE: \_\_\_\_\_

SUBDIVISION/ DEVELOPMENT: \_\_\_\_\_

TELEPHONE# (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(CELLULAR) \_\_\_\_\_ (FAX) \_\_\_\_\_

GENDER: \_\_\_ (MALE) \_\_\_ (FEMALE) DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_

NOTE – PLEASE ATTACH A PHOTOCOPY OF VALID DRIVER'S LICENSE OR PASSPORT

TEAM AFFILIATION (IF ANY) \_\_\_\_\_

YEARS OF PLAYING EXPERIENCE: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF INJURY: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that I will abide by the rules and regulations of FBASA, and its affiliated organizations. I recognize the possibility of physical injury associated with soccer programs and activities and I hereby release, discharge and/or otherwise indemnify FBASA, their employees, referee officials, coaches and associated personnel, including the owners of fields and facilities utilized for the program, against any claim by or on behalf of the registrant's participation in the program.

I further give consent for emergency medical care administered or prescribed by a duly licensed physician, surgeon or other qualified medical practitioner in the event of injury. This care may be given under whatever conditions are necessary to preserve life, limb or well-being.

\_\_\_\_\_  
REGISTRANT'S SIGNATURE

\_\_\_\_\_  
DATE