



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:

Maryland State Youth Soccer Association
Attn: International Clearance
221 5th Avenue SE
Glen Burnie, MD 21061
410-768-5406 -Fax
registration@msysa.org