



# 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:**

**Eastern Pennsylvania Youth  
Soccer  
4070 Butler Pike, Suite 100  
Plymouth Meeting, PA 19462  
Phone: 610-238-9966  
Fax: 610-238-9933  
E-mail: [BKleinert@epysa.org](mailto:BKleinert@epysa.org)**