

# WEST TEXAS MEN'S SOCCER ASSOCIATION

Affiliated with North Texas State Soccer Association

**PLAYER INSTRUCTIONS:** Please complete the information requested in this segment, then sign and Date the bottom segment of the form.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Area Code: \_\_\_\_\_ Number \_\_\_\_\_ Birth date: \_\_\_\_\_

## TEAM INFORMATION

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Team Rep's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

I acknowledge that I assume the risk for any personal injury I sustain before, during or after the game and/or practice, and I will not hold liable my team, Club, City, State Association, the United States Amateur Association, or the United States Soccer Federation.

Player's Signature: \_\_\_\_\_

Date: \_\_\_\_\_