



NSA USSSA COMPETITIVE SOCCER MEMBERSHIP FORM

TEAM	
DIVISION	
PLAYER/COACH	
NAME	
BIRTHDATE	
ADDRESS	
CITY, STATE, ZIP	
EMAIL	
PHONE	
PARENTS NAME	

**MUST BE FILLED OUT BY BOTH PLAYERS AND COACHES
PLAYERS MUST ATTACH BIRTH CERTIFICATE
&
USSSA MEDICAL RELEASE FORM**