

## U.S. Soccer Federation First Registration Form (FR-11)

Player's Last Name	First Name	First Name			Middle Initial
Current U.S. Address	City			State	Zip Code
Country of Birth	_ Gender	Male /	Female		
Birth Date  Month Day Year	E-mail Addr	ess			
I,	, att	est the follo	wing to be	accurat	e:
Are you a <u>CITIZEN</u> of the United States?	Yes	No			
Have you ever been registered with ANY team	n outside of the U	nited States	i. J	?es	No
Team to participate with					
League					â
State Association					
Programme this farm I have been sent to be a first		11			
By executing this form, I hereby represent that the info	rmation containe	d herein is t	rue and co	rrect.	
By: Signature of Player	3	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 along with supporting documentation by email or fax to:

Eastern Pennsylvania Youth Soccer Attn: Sheila Molyneaux smolyneaux@epysa.org fax: 610-238-9933