

**** UNITED STATES SPORTS & FITNESS ASSN. - Membership Card Application ****

PRINT ONLY PLEASE

MAKE CHECKS PAYABLE TO: USSFA

Mail to:

Date of Birth

Age

Sex

Date of Application

USSFA
6801 S. Gray Road, Suite F
Indianapolis, IN 46237

First Name

Middle Initial

Last Name

Street (Mailing) Address

Sport Code

City

State

Zip Code

Area Code / Phone Number

Registration
Fee:

Coach \$16.00

Youth \$16.00

Club / Team Represented: _____

I understand that my participation in USSFA activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parents / guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue USSFA, its Club / Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Owners / Lessors of Premises for all liability from my participation in these and any other USSFA related travel, lodging, social / recreational activities.

Applicant's Signature:

(For Athlete's Membership)

Coach: _____

Parent/Guardian: _____

(Must have Athlete Parent / Guardian Signature.)

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