

**\*\* 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
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**USSFA**  
6745 Gray Road, Suite K  
Indianapolis, IN 46237

First Name	Middle Initial	Last Name
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Street Mailing Address	Sport Code
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City	State	Zip Code
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Area Code / Phone Number
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**Registration Fee:**                      **Coach**                      **\$14.50**  
**Youth**                      **\$14.50**

**Club / Team Represented:** \_\_\_\_\_ **Head Coach Name:** \_\_\_\_\_

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.

**Signature's:**

**Coach:** \_\_\_\_\_

**Athlete:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
( Must have Athlete Parent's Signature. )

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