

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

**PRINT ONLY PLEASE**

**MAKE CHECKS PAYABLE TO: USSFA**

**Mail to:**

**USSFA**

**1420 Sadlier Circle East Drive  
Indianapolis, IN 46239-1054  
(317) 357-8908**

Date of Birth

Age

Sex

Date of Application

First Name

Middle Initial

Last Name

Street Mailing Address

Sport Code

City

State

Zip Code

Area Code / Phone Number

Registration Fee:

**Coach**

\$12.00

**Youth**

\$12.00

Team Represented: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

I understand that my participation 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 USSFA and/or related activities.

Signature's:

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

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

**Parent/Guardian:** \_\_\_\_\_



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