

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

PRINT ONLY PLEASE

MAKE CHECKS PAYABLE TO: USSFA

Mail to:

Date of Birth

Age

Sex
M

Date of Application

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

First Name

Middle Initial

Last Name

Street Mailing Address

Sport Code
BA

City

State

Zip Code

Area Code / Phone Number

Registration	Coach	\$16.00
Fee:	Youth	\$16.00

Club / Team Represented: LEONS HOMESCHOOL SPORTS CLUB 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.)