



**BIRMINGHAM UNITED  
ADULT LEAGUE**

Team Name: \_\_\_\_\_

Have you played for this team before?

YES  NO

**Birmingham United Soccer Association  
Membership Registration Form**

**Mail to:**  
Birmingham United Soccer Association  
Attn: Adult Soccer League  
19220 Hwy 280 E.  
Birmingham, Al 35242  
(205) 981-6629

[www.birminghamunited.com](http://www.birminghamunited.com)

**Player Information:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Main Email: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

(Please List any Medical ailments or prohibitions if any) : \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Relationship: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_

*In consideration of the Birmingham United Soccer Association allowing me to play in its program. I acknowledge the following:*

*1. The club has a policy of No Refunds.*

*2. I hereby agree to hold harmless Birmingham United Soccer Association and any officer, director, agent, representative, member, employee or coach thereof from any and all liability for injury which may result directly or indirectly from the player's participation in the soccer program. I recognize that soccer is a contact sport producing strenuous physical exercise and I assume all risk inherent therein. I ascertain that I am in good physical health and able to fully participate in the soccer program. I further authorize any representative of the Birmingham United Soccer Association to render first aid and to secure medical treatment and transport as my representative if, in the opinion of said representative, such treatment appears necessary or desirable.*

**ALL PLAYERS MUST WEAR SHIN GUARDS FOR ALL GAMES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***All players must be 20 years of age or older***