



**United States of America Deaf Soccer Association
(USADSA)
Men's Player Application**

Please complete the enclosed **Personal Data, Athletic Information, Release of Liability** and the **Physical Fitness** forms. Please make sure you look at the entire document and fill it out completely!

For full consideration follow the instructions provided below.

- 1) Send an electronic copy to Michael Hansen at email address:mike.carla.hansen@mac.com
- 2) Mail hard copy with signature(s) to: Michael Hansen
2604 Carrington Lane
Bloomington, IL 61705

Players will be required to pay membership dues, but will be notified at a later time.

Players are responsible for **ALL** travel, hotel, and meal fees unless otherwise notified. However, when possible USADSA will recommend a host hotel with a discounted room rate.

If the applicant is **not selected** for the Deaf National Team, he will be notified via email at the coach's discretion.

Personal Information:

Name: _____ Date of Birth (MM/DD/Year): ____ / ____ / ____

Current Phone # : _____ Mobile Phone # : _____

Email Address*: _____
(* - make certain that this e-mail is valid, as most info will be sent through this channel)

Current Mailing Address: _____

City: _____ State: _____ Zip: _____ Valid Until: _____

Permanent Mailing Address* _____
(*If different than above)

City: _____ State: _____ Zip: _____

What is your country of citizenship? _____

Do you have a passport? (Circle one) Yes No

Country of issue: _____ Expiration Date: _____

Do you have dual citizenship with another country? (Circle one) Yes No

Do you have a valid Resident Alien Card or Visa? (Circle one) Yes No
(Please indicate your residency status)

Do you have an agent? (Circle one) Yes No

If no and you represent your self, please skip the questions pertaining to the agent.

If yes, what is your agent's name: _____

Agent's Phone #: _____ Agent's Fax #: _____

Agent's E-mail Address: _____

Athletic Information:

Please describe any and all experience you may have with a traveling soccer team including duration with each team (Select, ODP, etc.)

High School Attended: _____ # Of Years: _____

High School Coach: _____ # Of Years: _____

Coach's Email Address: _____

High School Honors/Awards:

College Attended: _____ **# Of Years:** _____

College Head Coach: _____ **Office Phone #:** _____

Coach's E-mail Address: _____

College Honors/Awards:

Preferred Positions (in order of dominance):

1)

2)

Height: _____ **Weight:** _____

Any severe injuries during career? (List type, date, and current condition)

Any Surgeries?

Any pertinent medical conditions? (asthma, diabetes, allergies, etc.)

Any Professional Soccer Experience:

Is there any other person that you would like to include as a reference?

Name: _____ **Phone#:** _____

E-mail Address: _____

**Assumption And Acknowledgement Of Risks
And
Release Of Liability Agreement**

A. This Information is required and must be completed for your application to be accepted.

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Sex: _____ M _____

F

Phone: _____ Birth Date: _____ Email: _____

B. Certification: By signing and submitting this registration application, I agree to abide the laws and rules of the game of soccer as promulgated by the International Football Federation(FIFA), The United States Soccer Federation (USSF), and any properly affiliated league or team which may sanction a competition in which I choose to participate. I further agree that failure to abide by these laws and rules may result in the revocation of the right to play granted by the acceptance of this registration.

Signed: _____

C. In consideration for being allowed to participate in any USDASA athletic/sports program, and related events and activities, the undersigned:

Agrees that prior to participating, they will inspect the facilities and equipment used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such conditions and refuse to participate:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might not only from their own actions, inaction or negligence of other, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be risks not known to us or not reasonable or foreseeable at this time.

2. Assume all the forgoing risks and accept personal responsibility for the damages following such an injury, permanent disability or death.

3. Release, waive, discharge and covenant not to sue USADSA its affiliated clubs, their respective administrators, directors, agents, coaches, and other employers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable owners and leasers of premises used to conduct the event, all of which are herein after referred to the "Releases", from demands, losses or damages on account of the injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

The Undersigned Has Read The Above Waiver And Release, Understands That They Have Given Up Substantial Rights By Signing It, And Sign It Voluntarily.

Printed Name

Signature

Date

D. Parental Release Statement – To be completed by parent or guardian if under 18 years of age:

I, _____, (Parent/Guardian), hereby give my permission for my dependent, _____, to register with ASSA and actively participate as required in all activities, matches, practices, and all other events relating to soccer as it may be sponsored and organized by ASSA or its affiliates.

In completing this document, I am aware that USADSA (and its affiliates) does not seek the services of any player that has not reached the age of nineteen prior to registering with the ASSA. I further understand that ASSA does not provide protection, expressed or implied, in any matter with respect to the crowd control, acts of nature, condition of playing and/or practice grounds and that any and all bodily injury or damage to personal property is the sole responsibility of the player and that ASSA repudiates all claims as may arise as a direct result of lack of protective personnel or equipment except that that ASSA shall have authority to enforce claims against the player in the event that the player is deemed to have contributed to the damage or loss.

Signature of player

Signature of parent or Guardian

Date

E. Required: a) Payment of Membership Fee, b) Completion of this application, c) Copy of driver's (or birth certificate if no license), and d) Proof of American citizenship.

Physical Fitness Test

First of all, do not let this test keep you from trying out or applying to be on the team. This information will be used in several different capacities including but limited to providing individual feedback on strengths and weaknesses, areas to improve, helping place you in a position that works best for you and the team, etc.

The following physical fitness test must be executed according to the instructions provided. Make sure that you are truthful and accurate with your time results. Failure to do so will impact you negatively particularly with your tryout/camp. You can (and are encouraged to) use a partner to document your times. This will allow you to focus and do your best on each task.

Read this carefully and thoroughly before starting. Some set-up will be required.

If you have any questions about this test, please contact Mike Hansen at mike.carla.hansen@mac.com.

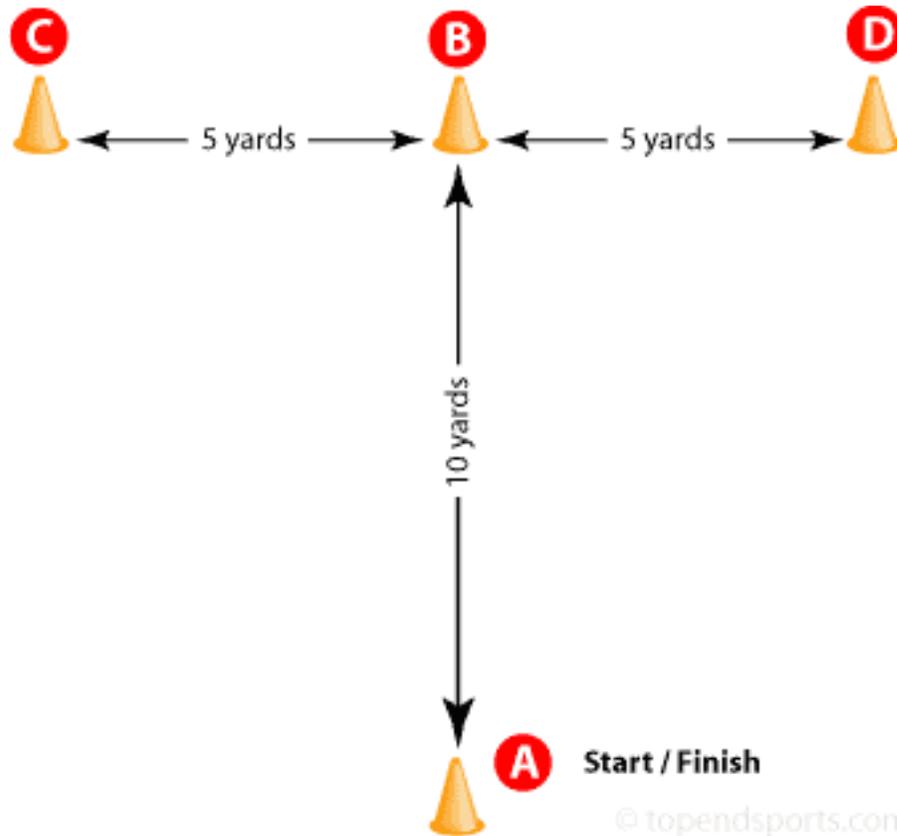
Prior to the test, make sure you warm up thoroughly. Once started, follow it through step-by-step until you complete the test or unable to continue due to injury or other physical condition. Should this be the case, please note on this form when and why you were unable to complete the four trials.

Trial 1): Run 4 miles as quick as you can. Please make a note if you required any breaks (defined as anything less than a jog). Write down your time on the line below. You may run this on a track, in running shoes.

***Take a five-ten minute break...**but no longer than ten minutes.**

Trial 1 Time: _____

Trial 2): T-Test (read instructions below). Run with cleats on grass. Can use inside of tract if needed.



Procedure: Set out four cones (or equivalent) as illustrated in the diagram above. The subject starts at cone A. On the command of the timer, the subject sprints to cone B and touches the base of the cone with their right hand. They then turn left and shuffle sideways to cone C, and also touch its base, this time with their left hand. Then shuffling sideways to the right to cone D and touching the base with the right hand. They then shuffle back to cone B touching with the left hand, and run backwards to cone A. The stopwatch is stopped as they pass cone A.

Scoring: This trial will not count if the subject crosses one foot in front of the other while shuffling, fails to touch the base of the cones (or equivalent object), or fails to face forward throughout the test. Take the best time of three successful trials to the nearest 0.1 seconds.

Write down the time in the box below.

***Take a 3-5 minute rest...**but no more than 5 minutes.**

Trial 2 Times:

1. _____

2. _____

3. _____

Trial 3): Sprint and Speed Test

Procedure: The test involves running 3 maximum sprints over a set distance (20, 50 and 100

meters), with time recorded. The starting position should be standardized, starting from a stationary position with a foot behind the starting line, with no rocking movements. Run with cleats on grass. The first sprint is 20 meters. Walk back to the starting mark. Rest 1 minute.

The second sprint is 50 meters. Walk back to the starting mark. Rest 3 minutes.

The third and last sprint is 100 meters. Walk back to the starting mark.

Document the first time in box #1 , the second time in box #2 and the third time in box #3.

***Rest 5 minutes...but no more than 5 minutes.

20 Meter Time: _____

50 Meter Time: _____

100 Meter Time: _____

Trial 4): 300 Yard Shuttle Test

Procedure: Marker cones and lines are placed 25 yards apart to indicate the sprint distance. Start with a foot on one line, the other foot behind the line. When instructed by the timer, the player runs to the opposite 25-yard line, touches it with their foot, turns and run back to the start. This is repeated six times without stopping (covering 300 yards total). After a rest of five minutes, the test is repeated.

Trial 4 Time: _____