East Bay Senior Soccer League

Player Pass Application

Player's Name: _____ - _____ - _____
First Middle Last

Date of Birth: ___/___/ 19___ (Mo. Day Year)

Day Phone: (___) ___-____

Eve. Phone: (___) ___-____

Email: _____

Driver License No: _____ **Issuing State:** _____

***Passport No:** _____ **Country:** _____

DMV ***Driver License*** ***DMV***

Attach Two (2) Legible Black & White

Photocopies of Driver License

*** Players without a driver license must provide a photocopy of passport or resident alien registration card.**

All photocopies must be clearly legible and show the document number, name, picture and the date of birth

DMV ***Passport or Green Card*** ***DMV***

Attach **Photo** 1-1/2" X 1-1/2"

Attach **Photo** 1-1/2" X 1-1/2"

Have you played in this league before? YES__ NO__

If yes, when? _____

for which team(s)? _____

under what name? _____

Liability Waiver, Certification, and Authorization to Verify Records:

I _____ **, as a player in the East Bay Senior Soccer League,**
player's name (print)

understand that I play in this League at my own risk, and that the League does not provide insurance coverage in the event that I become injured as a result of my direct or indirect participation in the League. I hold the League and its officials harmless in the event of such occurrence.

I certify that all of the above information is true and correct, that the attached photocopy of my driver license (and/or passport) is a true copy of the original document without alterations and that the enclosed photographs signed by me are true photographs of myself.

I authorize the State of California Department of Motor Vehicles or any other applicable agency to disclose my date of birth to any EBSSL league officer carrying this form, for the sole purpose of determining my eligibility to play in the EBSSL league.

Player's Signature:_____ **Date:**_____/_____/_____

EBSSL Official Use Only

Pass ID No.: _____

CHECKLIST

ID Photocopies (2):	
Photos (2):	
Application Fee:	
Player Signature:	
Manager Signature:	

TRANSFERS

Date	Team	Fee	db

Team Manager's Verification:

I have seen the original ID in player's posession and I certify that the information reported on this form is correct.

Team Manager's Signature: _____ **Date:**_____/_____/_____

Team Manager's Name: _____ **Team Name:** _____