



# UNITED STATES FUTSAL FEDERATION

affiliated with US SOCCER

# FUTSAL

YEAR

## REFEREE/INSTRUCTOR/ASSESSOR REGISTRATION (print firmly and legibly to make clear copies)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ PAGER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ USA \_\_\_\_\_ OTHER \_\_\_\_\_ (country)

LANGUAGES SPOKEN \_\_\_\_\_

REGISTRATION IS FOR (check only one please) REFEREE \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_ ASSESSOR \_\_\_\_\_

LOCAL ASSOCIATION \_\_\_\_\_ PRESENT STATE ASSOCIATION \_\_\_\_\_

PREVIOUS AFFILIATIONS/STATE ASSOCIATIONS \_\_\_\_\_

OTHER FUTSAL/SOCCER ORGANIZATIONS \_\_\_\_\_

FIRST REGISTERED WITH U.S. FUTSAL \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ ATTAINED PRESENT GRADE \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

**AFFILIATED GAME EXPERIENCE FOR PAST YEAR (SEPT 1 - AUG 31)**  REFEREE ONLY  ASSESSOR ONLY

**UPGRADE REQUEST** (complete only for upgrade)

GAME LEVEL (FUTSAL/5-A-SIDE/MINISOCCER)	REFEREE	LINE
INTERNATIONAL F.I.F.A. APPOINTMENTS		
PROFESSIONAL GAMES (FUTSAL/5-A-SIDE)		
PROFESSIONAL GAMES (OTHER)		
OTHER INTERNATIONAL APPOINTMENTS		
TOP NATIONAL LEVEL GAMES		
REGIONAL LEAGUE GAMES		
TOP AMATEUR/DIVISION 1 GAMES		
OTHER AMATEUR GAMES		
YOUTH (UNDER 19) GAMES		
YOUTH (UNDER 16 AND BELOW) GAMES		
OTHER GAMES (SPECIFY)		

CURRENT GRADE \_\_\_\_\_  
 1ST REGIONAL 1 GRADE DATE \_\_\_\_\_  
 CAREER GAMES FOR UPGRADE TO NEXT LEVEL \_\_\_\_\_  
 I HAVE MET THE REQUIREMENTS AND REQUEST AN UPGRADE FROM MY CURRENT GRADE TO \_\_\_\_\_

**UPGRADE CLINIC ATTENDED**  
 REFEREE  INSTRUCTOR  ASSESSOR  (mark one)  
 LOCATION (City & State) \_\_\_\_\_  
 BEGINNING & ENDING DATES \_\_\_\_\_  
 INSTRUCTOR \_\_\_\_\_

I certify that all the information entered on this registration is correct. I also certify that I have no physical illness or impairments which will make participating in Futsal/5-A-Side related activities dangerous to me Date \_\_\_\_\_ Signature \_\_\_\_\_

OFFICIAL USE	GRADE	ACTIVE	OTHER	CERTIFICATION/UPGRADE INFORMATION				CERTIFICATION OF COMPLETION		
	International	1	2		Written Test	Date	Score	Initials	Name	Title
National	3	4	13 14	Field Test	Date	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Initials	State Association		
Regional	5	6	15 16	<b>GAME EXPERIENCE</b> DATE ASSESSOR SCORE INITIALS				Signature		
State	7	8	17 18					Comments		
Referee	9	10		Upgrade Requirements Met _____ Effective Date _____				New Referee <input type="checkbox"/>	Transfer <input type="checkbox"/>	Recertification <input type="checkbox"/>
Associate	11	12						Upgrade <input type="checkbox"/>	Other _____	
Cash <input type="checkbox"/> Check # _____										
Amount Paid _____		Initials _____								