

PLAYER/TEAM PERMISSION TO PLAY IN A NEIGHBORING STATE

This form is to be completed for each Region IV State Association soccer player/team that wishes to play soccer in one of the other states. The form is not valid unless all pertinent data is entered and both the releasing and gaining State Association presidents have indicated their approval through their respective signatures.

Information requested is self-explanatory. Upon registration of a player/team, the player/team's home State Association will complete the form and mail it to the neighboring state where the player/team will be playing. If this form is used for a competitive team, a copy of the roster should accompany this form; if this form is for a recreational team, players' and coaches' names should be attached. Each State Association will determine its own internal policy for notification requirements within its own state; i.e., which registrars within the state should receive notification of the player/team movement.

PLAYER ODP Tryouts League Play Friendly Play Guest

Player Name: _____ Male Female Birthday: _____

Player Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

History of Discipline Problems: Yes No (See Attached) Age Level: U- _____

Name of Resident State Associations: _____

Name of Releasing Affiliate Association/Club: _____ Team: _____

Has player been playing on a Club team this seasonal year? Yes No

Was player rostered to a team involved in State Cup? Yes No Which State? _____

Releasing Association Registrar Signature: _____

TEAM League Play Friendly Play

Team Name: _____ Coach Risk Management ID #: _____

Coach Name: _____ Male Female Birthday: _____

Coach Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Coach/Players with History of Discipline Problems: Yes No Age Level: U- _____

Name of Gaining Affiliate Association/Club: _____

RELEASING STATE ASSOCIATION APPROVAL

(State) State Association President Signature: _____ _____
(Date)

GAINING STATE ASSOCIATION APPROVAL

(State) State Association President Signature: _____ _____
(Date)

Expiration Date of this Release: _____