



Southern Nevada Soccer Association

Guest Player Permission Form

www.snsasoccer.com



SECTION I - PLAYER/TEAM STATUS INFORMATION

One form per participant - Please Print Legibly

First Name _____ Last Name _____ M F Birthdate ____/____/____

Address _____ City _____ State _____ Zip _____

Home Phone _____ e-mail address _____

PLAYER SNSA ID# _____

CURRENT TEAM NAME _____ TEAM ID _____ AGE DIVISION _____

I verify that the above information is accurate, and grant permission for my child to serve as a guest player for a team other than his/her current team listed above. I hereby agree that the Soccer Association for Youth (SAY) and Henderson United Youth Soccer (SNSA), it's members, coaches or officers shall not be held liable for any injury or loss which said player may sustain while participating as a guest player in activities of any kind, whether sponsored by or under the supervision of SAY or SNSA. I further agree to indemnify and to hold harmless SAY and SNSA, it's members, coaches, officers and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim whatsoever by or on behalf of said player as a result of the player's participation as a guest player.

Parent/Guardian Signature _____ Date _____

SECTION II - GUEST PLAYER APPROVAL

EVENT _____ DATE _____

EVENT WEBSITE/CONTACT _____

GUEST TEAM NAME _____ TEAM ID _____ AGE DIVISION _____

LENDING COACH APPROVAL

I agree to allow _____ to participate as a guest player with the team listed above solely for the event and dates designated on this form.

Lending Coach Signature _____ Date _____

HUYS REGISTRAR APPROVAL

I certify that the information above is accurate and compatible with league records.

Registrar Signature _____ Date _____