

OSYSA Out-Of-State Permission Form

The form must be completed by all players requesting permission to play with a state association other than the state in which they reside as well as by any player moving from one state association to another during the Seasonal Year. It is the responsibility of the player and parent or guardian to submit the form to the appropriate parties within both the releasing and accepting state associations.

USYSA Rule 201 requires that a youth player register each seasonal year in the State Association in which he/she resides with his/her parent(s)/guardian(s). A youth player wishing to participate with a team from a state association other than the state in which they reside must receive written permission from both state associations prior to participation.

- Instructions:
1. The player must register and pay any appropriate fee(s) in the state in which they reside.
 2. Complete the Player Information section of this form.
 3. Send the completed Permission Form to the OSYSA state office at 25 Whitney Dr., Ste104, Milford, OH 45150 or your District Commissioner.
 4. OSYSA or a District Commissioner must complete the Home section of this form.
 5. Accepting State Association must complete the Accepted section of this form.
 6. OSYSA does not allow double rostering of any kind.



PLAYER INFORMATION

Name:	ID Number:	DOB:
Address:	City and State:	Zip:
Parent / Guardian Name:	Phone Number:	
Team Name:	Date Last Played:	Age Group:
Coach of Current Team Signature:	Print Coach of Team Name:	Date:
Parent / Guardian Signature:	Date:	
Players Signature:	Date:	

TYPE OF CHANGE: Please indicate the type of permission you are seeking and State Association involved.

Interstate Permission –resides in one state but wishes to play with a team within another state association

State:

ODP Declaration

State:

Relocation Release – player has moved from one state to another during the Seasonal Year

State:

Tournament Guest Player Permission – wishes to guest play with a team from another state association

Tournament Name:	Hosting State:	Dates of Tournament:
Guest Team:	Guest State:	Team Coach:

STATE REGISTRAR / STATE OFFICE USE ONLY (Check appropriate boxes)

Home State:			Accepting State:		
<input type="checkbox"/>	Player is registered and in good standing.		<input type="checkbox"/>	Player is registered and in good standing.	
<input type="checkbox"/>	Interstate Permission	Guest Player	<input type="checkbox"/>	Interstate Permission	Guest Player
<input type="checkbox"/>	Relocation Release		<input type="checkbox"/>	Relocation Release	
<input type="checkbox"/>	Permission Granted	Permission Denied	<input type="checkbox"/>	Permission Granted	Permission Denied
Comments:			Comments:		
Signature:			Signature:		
Printed Name:			Printed Name:		
Title:	Date:		Title:	Date:	