



Secondary Player Approval Form

Registrar Note! Forms will not be processed without all information filled in.

PLAYER'S NAME

PARENT'S NAME

SECONDARY PLAYER REQUEST: Coach is requesting to have this player as a secondary player for the below mentioned team/club/coach for the current season(Fall & Spring). I have contacted the primary coach/club and received their approval.

PRIMARY TEAM:

TEAM ID(last four):

TEAM NAME:

COACH:

CLUB:

PRIMARY COACH STATEMENT

I was contacted by the secondary coach/club and give my approval of the above-mentioned to play as a secondary player. i will discuss with the player my expectations of them in regards to their commitment to their primary team.

PRIMARY COACH
SIGNATURE:

DATE:

SECONDARY TEAM:

TEAM ID(last four):

TEAM NAME:

COACH:

CLUB:

SECONDARY COACH STATEMENT

I have contacted the Primary Coach and received their approval. I understand that if the state receives a complaint and I have not contacted the primary coach/club, I could be in violation of the recruiting rules and my club and I would be subject to penalty. I have filled out the form and I am requesting approval from Nebraska Soccer

SECONDARY COACH
SIGNATURE:

DATE:

Email completed form to the state office - admin@nebraskastatesoccer.org

**Nebraska State Soccer
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P: (402)670-3860**