



MASSACHUSETTS YOUTH SOCCER ASSOCIATION

## GUEST PLAYER RELEASE FORM

We request and agree that the player listed below be allowed to participate as a guest player during the:

Name of Event: \_\_\_\_\_

Beginning On: \_\_\_\_\_ and Ending On: \_\_\_\_\_

### PLAYER INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Email: \_\_\_\_\_ Tel.No. \_\_\_\_\_

\_\_\_\_\_  
Player's Signature Date

\_\_\_\_\_  
Parent's Signature Date

### CERTIFICATION

By signing below both the Releasing Team and the Receiving Team are hereby certifying that the above-named player is duly registered with Massachusetts Youth Soccer Association, Inc.

### RELEASING TEAM

Team Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Registrar's Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

\_\_\_\_\_  
Coach's Signature Date

\_\_\_\_\_  
Registrar's Signature Date

### RECEIVING TEAM

Team Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Registrar's Name: \_\_\_\_\_ Tel.No. \_\_\_\_\_

\_\_\_\_\_  
Coach's Signature Date

\_\_\_\_\_  
Registrar's Signature Date

This form should accompany the Receiving Team's registration materials submitted to the Tournament.

MASSACHUSETTS YOUTH SOCCER ASSOCIATION, INC.

512 Old Union Turnpike, Lancaster, MA 01523

978-466-8812

*MA YOUTH SOCCER.ORG*