



United States Soccer Federation, Inc. International Clearance Waiver Form

Please Print or Type Clearly

Player's Last Name	First Name	Middle Initial
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Current U.S. Address	City	State	Zip
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Place of Birth	City	Country/State
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Birth Date _____
 Month Day Year

I, _____, do hereby state as follows:

- Are you 11 years of age or younger? Yes ___ No ___
- Are you 17 years of age or older? Yes ___ No ___
- Have you signed a contract with a professional team? Yes ___ No ___
- Have you received any money or other remuneration for playing soccer? Yes ___ No ___

If you have answered all 4 of the above questions "No", and are not coming to the United States to play in a tournament or friendly game and then return to your native country, you qualify for a waiver. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____
 Signature of Player Date

By: _____
 Signature of Parent or Guardian Date

By: _____
 Signature of State Association Official Date

Please complete and submit this form along with application fee of \$10.00 by mail to:

U.S. Soccer Federation
 Attn: Federation Services Department
 1801 South Prairie Avenue
 Chicago, IL 60616
 312-808-1300
 312-808-9263 Fax