



Delaware Youth Soccer Association
 222 Benjamin Blvd., Bear, DE 19701
 Office 302-584-0008

Member of the United States Youth Soccer Association & United States Soccer Federation



Tournament Player Pass Application

Not for Primary, Secondary, Guest or Players Playing Out of State

Name of Tournament: _____

MALE _____ FEMALE _____

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DELAWARE RESIDENT YES ___ NO ___ BIRTH DATE _____

PLAYER EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PARENT E-MAIL ADDRESS _____

HOME PHONE _____ WORK OR CELL PHONE _____

RELEASE STATEMENT NOTE: This Statement MUST be signed by Parent/Guardian for Minor Player. I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the DYSA, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the DYSA accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the DYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs, and/or being transported to or from the same which transportation I hereby authorize.

PLAYER SIGNATURE _____

PARENT/GUARDIAN OR ADULT SIGNATURE _____ DATE _____

Attach to the form:

1. A check to DYSA for \$25
2. Copy of the Birth Certificate
3. 1" x 1" head shot picture
4. a self-addressed stamped envelope

And mail to: Delaware Youth Soccer Association
 222 Benjamin Blvd.
 Bear, DE 19701