



Maryland State Youth Soccer Association

Affiliated with the United States Soccer Federation



TRAVEL PLAYER STATUS FORM

Player Name: _____

_____ Last _____ First _____ Gender (M/F) _____ Player Association ID _____

_____ Street Address _____ City _____ State _____ Zip _____ D.O.B (mm/dd/yyyy) _____

As of this date, I AM Rostered..... OR I AM NOT rostered to more than one team.

Date: _____ of last participation in a MSYSA State Cup game?
Month Year

Player Signature: _____ Date: _____

I affirm that all information provided regarding my son/daughter is complete and correct. I have received and read the accompanying page to this form which describes Player Rights. I agree to uphold and be bound by MSYSA and USYSA Bylaws, Policies and Procedures.

Parent/Guardian Signature: _____

Email Address: _____ Phone: () - _____ Date: _____

TRANSFER REQUEST: Complete for previously rostered player who is transferring to a new team.

New Club & Team: _____ Age: -U League: _____

MSYSA Team ID: _____ Age: -U League: _____

Signature - New Team Official: _____ Date: _____

Signature - Registrar: _____ *Date: _____

RELEASE REQUEST: Complete for player to be removed from current team roster. Player Pass must be destroyed by team official

Reason for Release: _____

Player Status on Team (check one): Primary: Multiple Roster: League Only:

Club & Team: _____ Age: -U League: _____

Signature - Team Official: _____ Date: _____

Signature - Registrar: _____ *Date: _____

PLAYING ACROSS STATE BOUNDARIES: PLAYERS - check the appropriate box below

Club & Team: _____ Age: -U League: _____

Permission for: Maryland resident to play on non-Maryland team
 Non-Maryland resident to play on Maryland team

Signature - State Registrar: _____ *Date: _____

Name of other State Association: _____

Signature - other State Official: _____ *Date: _____

*** INDICATES EFFECTIVE DATE OF TRANSACTION - REGISTRAR WILL NOT RECOGNIZE ANY OTHER DATE.**

THIS COPY FOR: PLAYER MSYSA REGISTRAR FORMER TEAM NEW TEAM MSYSA OFFICE OFFICIAL OTHER STATE LEAGUE

(CHECK ONE)

APPROVAL

(For MSYSA Use Only)

MSYSA OFFICIAL Signature: _____ Date: _____

MSYSA OFFICIAL Title: _____

