

## PLAYER/TEAM PERMISSION TO PLAY IN A NEIGHBORING STATE

This form is to be completed for each Region IV State Association soccer player/team who wishes to play soccer in one of the other states. This form is not valid unless all pertinent data is entered and both the releasing and gaining State Association Presidents have indicated their approval through their respective signatures.

Information requested is self-explanatory. Upon registration of a player/team, the player/team's home State Association will complete the form and mail it to the neighboring state where the player/team will be playing. If this form is used for a competitive team, a copy of the competitive\* roster should accompany this form; if this form is for a recreational team, players' and coaches' name should be attached. Each State Association will determine its own internal policy for notification requirements within its own state, i.e. which registrars within the state should receive notification of the player/team movement.

**PLAYER**      **ODP Tryouts** \_\_\_\_\_      **League Play** \_\_\_\_\_      **Friendly Play** \_\_\_\_\_      **Guest** \_\_\_\_\_

Player Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

History of Discipline Problems: Yes \_\_\_\_\_ No \_\_\_\_\_ (see attached)      Age Level: U \_\_\_\_\_

Name of Resident State Association: \_\_\_\_\_

Name of Releasing Affiliate Association/Club \_\_\_\_\_ Team: \_\_\_\_\_

Has player been playing on a club team this seasonal year?    Yes: \_\_\_\_\_ No: \_\_\_\_\_

Was player rostered to a team involved in State Cup? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Which State? \_\_\_\_\_

Releasing Association Registrar Signature: \_\_\_\_\_

**TEAM:**      **League Play:** \_\_\_\_\_      **Friendly Play:** \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach Risk Management ID#: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach/Players with History of Discipline Problems: Yes \_\_\_\_\_ No \_\_\_\_\_      Age Level: U- \_\_\_\_\_

Name of Gaining Affiliate Association/Club: \_\_\_\_\_

### RELEASING STATE ASSOCIATION APPROVAL

\_\_\_\_\_ State Association Signature: \_\_\_\_\_  
(State)      (Date)

### GAINING STATE ASSOCIATION APPROVAL

\_\_\_\_\_ State Association Signature: \_\_\_\_\_  
(State)      (Date)

*Expiration Date of this Release:* \_\_\_\_\_