

Interstate Permission Form

Rule 201 of the US Youth Soccer Policy on Players and Playing Rules requires that a youth player register each seasonal year in the State Association in which he/she resides with his/her parent(s)/guardian(s) or with the State Association in which the player is attending a boarding school or college or university the player is attending. A youth player wishing to participate with a team of a State Association other than the State Association in where the player is registered must first register with the State Association in which the player resides or is attending school and then receive written permission from both State Associations prior to participation.

This Interstate Permission Form may be used by (1) a player requesting permission to play as a member of a team of a State Association (the "Accepting State")

Association") other than the State Association (the "Releasing State Association") in which the player is registered, (2) a player requesting permission to play on a team in another State Association as a guest player, or (3) a player is relocating: moving from one State Association to another State Association during the seasonal year. It is the responsibility of the player and parent or guardian to provide the form to the appropriate parties within both the releasing and accepting State Associations.

NOTE THAT SOME STATE ASSOCIATIONS HAVE ENTERED INTO AGREEMENTS PROVIDING AUTOMATIC PERMISSION TO PLAY ON A TEAM IN ANOTHER STATE ASSOCIATION. SOME STATE ASSOCIATIONS PROHIBIT THE USE OF GUEST PLAYERS, SO ALWAYS CHECK WITH THE STATE ASSOCIATION WITH WHICH THE PLAYER IS REGISTERED TO DETERMINE WHETHER THE USE OF THIS FORM IS NEEDED.

Instructions:

- 1. Player must register and pay any appropriate fee(s) of the State Association in which the player resides.
 - 2. Complete the Player Information section of this Interstate Form or a form provided by the State Association
 - 3. Send the completed Interstate Form to the appropriate party within the State Association in which the player is registered.
- 4. Releasing State Association must complete the Releasing section of this Form.
- 5. Accepting State Association must complete the Accepted section of this Form.

PLAYER INFORMATION

Name:		Player ID Number:	DOB:		
Address:		City and State:	Zip:		
Email:		Gender: ☐ Male or☐ Female			
Parent / Guardian Name:		Phone Number:			
Current Team Name:		Date Last Played:	Age Group:		
Coach of Current Team Signature: Required Only if required by your State Association.		Print Name of Coach:	Date:		
Parent / Guardian Signature: Required only if required by your State Association.		Date:			
TYPE OF CHANGE: Please indicate the type of p Guest I Interstate Permission: Player is register State Association Releasing State Association: ODP Declaration: State Association (Releasing or A II Guest Player Permission: Player is see	red with one State Associated with one State Associated Accepting State Accepting)	III. Relocation Release. ciation but wishes to play as a membe association:	er of a team of another		
Tournament Name:	Hosting State:	Dates of To	urnament:		
Guest Team:	Guest State:	Team Coach	Team Coach:		
III Relocation Release: Player has mo	ved from one State Asso	ociation to another State Association c	luring the seasonal year.		
Releasing State Association:	Accepting State Association:				
STATE ASSOCIATION REGISTRAR / STATE ASSOC	CIATION OFFICE USE (ONLY (Check appropriate boxes)			



Additional person completed form should be faxed to:

Check One.) Pla	ayer wishing to play wit	h a team of another State Ass	ociatio	easing State Association or by t n other than the State Association State Association. (Check One.	on in wh			
Releasing State Association:		Acc	Accepting State Association:					
Player is registered and in good standing.			Player is registered and in go	od standing.				
Interstate	Permission	Guest Player		Interstate Permission		Guest Player		
USYS Cu	ıp Team	Non-Cup Team		USYS Cup Team	١	Non-Cup Team		
Participat	red in USYS	Relocation Release		Participated in USYS	F	Relocation Release		
Permission	on Granted	Permission Denied		Permission Granted	F	Permission Denied		
Comments:		Comments:						
Signature:			Sign	Signature:				
Printed Name:				Printed Name:				
Title:			Title	Title:				
Date:			Date	Date:				

Fax #: