



# California State Soccer Association - South

## PLAYER PERMISSION TO PLAY IN A NEIGHBORING STATE



This form is to be completed for each Region IV State Association soccer player/team that wishes to play soccer in one of the other states. The 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, the player's home State Association will complete the form and mail it to the neighboring state where the player will be playing. If this form is used for a competitive team, a copy of the roster should accompany this form; if this form is for a recreational team, players' and coaches' names 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 Information

League Play  Tournament Guest Play

Player Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Name of Resident State Association \_\_\_\_\_ Name of Releasing Affiliate Association/Club \_\_\_\_\_

Current Team Name \_\_\_\_\_ Coach Name \_\_\_\_\_

Age Level: U- \_\_\_\_\_ History of Discipline Problems:  Yes  No

Has player been playing on a Club team this seasonal year?  Yes  No

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

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

### Gaining Team Information

Guest State Association \_\_\_\_\_ Name of Gaining Affiliate Association/Club \_\_\_\_\_ Age Level: U- \_\_\_\_\_

Guest Team Name \_\_\_\_\_ Guest Team Coach Name \_\_\_\_\_

Tournament Name \_\_\_\_\_ Hosting State \_\_\_\_\_ Dates of Tournament \_\_\_\_\_

### Releasing State Association Approval

\_\_\_\_\_ State Association Signature: \_\_\_\_\_  
State \_\_\_\_\_ Date \_\_\_\_\_

### Gaining State Association Approval

\_\_\_\_\_ State Association Signature: \_\_\_\_\_  
State \_\_\_\_\_ Date \_\_\_\_\_

Expiration Date of this Release: \_\_\_\_\_  
Month Day Year