



## Charlotte United Futbol Club Academy Player Registration

In Person	Mail
2017 Registration Fair on June 3 <sup>rd</sup> Crown Plaza Hotel 5700 Westpark Drive Charlotte, NC 28217  <u>U8-U10</u> 9:00am-11:00am	Charlotte United FC PO Box 49447 Charlotte, NC 28277

Office Use Only!
<u>Received</u>
<u>Team</u>
<u>Payment/Check #</u>
<u>Amount</u>
<u>Photo Submitted</u>
<u>Int Clearance</u>

The 2017-18 \$250.00 Commitment Fee is due at the time of acceptance to a CUFC team and is **NON-REFUNDABLE**. The deadline for receipt of all forms, is **June 3<sup>rd</sup>**. Note: The Commitment Fee can be paid **online** & is part of your club dues. Players will be considered for team assignments **ONLY** upon receipt of information & deposit. **No faxed copies will be accepted - NO EXCEPTIONS!!!**

Players Name \_\_\_\_\_

Player's Address \_\_\_\_\_

Age Group U-\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Players are **required** to provide the following information to register for a team. All forms are included in this packet and available online on the Charlotte United website.

Check List		Returning to CUFC	New to CUFC
	<b>\$250 Non-Refundable Commitment Fee</b> Due at time of acceptance	Yes	Yes
	<b>Financial Contract</b>	Yes	Yes
	<b>Parent Contract</b>	Yes	Yes
	<b>Player Contract</b>	Yes	Yes
	<b>NCYSA Medical Waiver - NO FAXED COPIES ACCEPTED</b>	2 Copies	2 Copies
	<b>US Club Medical Waiver</b>	2 Copies	2 Copies
	<b>Copy of Birth Certificate/Passport</b>	Classic – No Academy - Yes	Yes
	<b>International Clearance Paperwork</b> FIFA requires any player born outside of the United States to complete ICP. <b>Please call the CUFC Office for the forms.</b>	If not already previously submitted to CUFC	Yes
	<b>Interstate Release – Players Residing in SC ONLY</b> Complete, sign & include a \$10.00 check or money order payable to SCYSA if your residence is in South Carolina. Your child will not be registered until this is done. <b>If you live in another state, please call our office</b>	Yes	Yes
	<b>Player Photo</b> Each player is required to email a photo (no hats or sunglasses) to <a href="mailto:photo@charlotteunited.com">photo@charlotteunited.com</a> Please include your child's name & team name on the subject line of the email	Classic – No Academy - Yes	Yes
	<b>Uniforms</b> Player's uniform should be ordered directly through SOCCER.COM beginning June 15 <sup>th</sup> . Jersey numbers will be assigned		
Player's uniform should be ordered directly through SOCCER.COM beginning June 15th. Jersey numbers will be assigned.			

Academy 8U-10U						
Age	Teams	Total Fee*	Commitment Fee** DUE NOW	7/1/2017	8/1/2017	9/1/2017
8U	Dilworth	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Matthews	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Metro	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Morrison	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Southpark	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
9U	Dilworth	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Matthews	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Metro	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Morrison	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Southpark	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
10U	Dilworth	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Matthews	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Metro	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Morrison	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00
	Southpark	\$ 895.00	\$ 250.00	\$ 215.00	\$ 215.00	\$ 215.00

## Uniform Fees

CUFC will be beginning a 2 year uniform cycle with Under Armour beginning with the 2017-18 season

This cost paid directly to Soccer.com

### Academy 8U-10U

Uniform Package - \$150-\$165

2-Jerseys, 1-Short, Training Shirt, 2-Socks

## Team Fees

\$100-\$150 - Academy Teams per season - based on the # of players on a team

Tournament Entry Fees - Based on the # & Level of Tournaments Participated in, Coach's Travel Expenses & Team Admin Cost

This cost is paid direct to the Team Manager



## 2017-18 Charlotte United FC Financial Contract

PLAYERS NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Please initial each box confirming you have read and understand each item

### PLAYER'S FEES

1. A player's club fees are determined by their team assignment. Club fees do not include uniform fees or team fees, which include but are not limited to: referee fees, tournament entry fees, reasonable coach's travel expenses and individual travel or any other reasonable expenses incurred by the team as determined by each individual team. \_\_\_\_\_
2. All fee payments are to be made in accordance with the terms on the payment sheet. \_\_\_\_\_
  - Email reminders will be sent 5 days prior to when the payment is due. \_\_\_\_\_
  - **A \$20.00 late fee** will be assessed for any payments not made within 10 days of the due date. \_\_\_\_\_
  - Player's will be ineligible to participate in any CUFC activities if payment is not received by the last day of the month and will remain ineligible until payment is made. \_\_\_\_\_

### PARENT'S RESPONSIBILITIES

In accordance with established policies of Charlotte United Futbol Club and its Board of Directors, a parent or legal guardian of each player agrees to the following financial obligations.

1. By your signature below, you acknowledge that you have read and understand the player's club dues, payment schedule, and that you are financially responsible for the dues as stated for the ENTIRE playing year\*. Refunds, less the non-refundable service charge, will only be issued for a season ending injury with written documentation from a physician or for moving out of the area. \_\_\_\_\_
2. Your payment schedule must be met unless the Club Administrator has approved, in writing in advance a written request for a different payment schedule.
3. Financial Aid is available for those families truly in need. Please submit your application, located on our website at [www.charlotteunited.com](http://www.charlotteunited.com) by June 10, 2017. Keep in mind that copies of tax statements and pay stubs will be required with your application for financial aid – NO EXCEPTIONS.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
CUFC Club Administrator Signature

\_\_\_\_\_  
Print Parent's Name

**\*Please Note:** Players who choose to withdraw from their CUFC Classic or CUFC Academy team mid-season for reasons other than significant injury or relocation will not be eligible for a refund and will be responsible for completing any remaining payments owed through the installment plan along with any remaining team fees owed to date. Permission to re-roster with another association/club through NCYSA or US Club Soccer will not be granted until all CUFC fees have been paid. Permission to register for CUFC tryouts will not be granted until all outstanding balances have been paid to CUFC and the player's team. At the end of the year, any unpaid fees will be subject to collection by an outside party.



### **PARENT CODE OF CONDUCT**

**THE ROLE OF THE CUFC PARENT.** To have a successful program, there must be understanding and cooperation among parents, players, and coaches. Your child's progress will depend, to a great extent, on this triangular relationship. With this in mind, CUFC, asks you to consider this section as your family joins or returns to CUFC.

**YOU CAN HELP YOUR CUFC CHILD.** Supply plenty of love, recognition, support and encouragement. This allows your child to be confident, enjoy soccer more, and perform better in training and competition. Support your child unconditionally; do not withdraw love when your child performs poorly.

**SUPPORT THE COACHES.** A player develops best when he or she trusts and respects the coach. The coach's job is to motivate, teach, and constructively criticize each player's performance. Please recognize that our coaches use their extensive experience to best develop each player. Your child will probably try many different positions throughout his or her career. CUFC's first concern is for the long term development of your child's soccer skills under pressure, and there will be times players are instructed to do things parents do not understand.

- Player and team development will sometimes be given a greater priority than winning.
- Encourage your child to talk with the coaches, "taking responsibilities", whether about playing difficulties or missing a match, etc.

**COMMUNICATE THROUGH THE PROPER CHANNELS.** Remember, there is a time and place for everything. If you need information or wish to ask questions concerning team management or coaching decisions, please communicate through the proper channels to obtain the information or to arrange a meeting with the coach. Concerns or criticisms are welcome, but should be expressed away from training sessions and games.

**ATTEND TRAINING AS OFTEN AS YOU LIKE.** You are encouraged to observe your child and to learn more about soccer. While parents are not allowed on the field during training, a good view can generally be found from the sidelines or in the stands. \*\*Please stay behind the fence at Elon or up in the stands at Waddell.

**THERE WILL BE NO COACHING OR REFEREEING.** No matter how good your intentions are, we insist there be no shouting instructions to your child or yelling (complaining) to the referees during games.

- Let the coach (soccer professional) run the team. Attempting to coach or instruct your child from the sideline is distracting and counterproductive for the player.
- Your vocal support and positive encouragement are welcome throughout good soccer play.
- CUFC insists that the voice of coach be the only voice at all games or training.
- The coach is responsible for the conduct of the team's parents and may request a parent to leave the game site.

### **UPHOLD YOUR COMMITMENTS**

- Soccer is a FULL YEAR COMMITMENT (Fall & Spring)
- Foster an environment for academic excellence and good sportsmanship
- Fulfill your financial commitments
- Support and maintain CUFC'S philosophy on youth development

Parents of CHARLOTTE UNITED players serve as important role models to their children and to all the other children that they come into contact with on the soccer field. Therefore, the CUFC organization expects each parent to agree to the following code of conduct principles.

- CUFC parents will learn and understand the rules of the game for each specific league/tournament, etc.
- CUFC parents will respect the integrity and judgment of the referees. Parents will refrain from challenging referee calls.
- CUFC parents will show appreciation of good play by both teams.
- CUFC parents will refrain from "coaching" any player from the sidelines.
- CUFC parents will cheer and show encouragement at all times.
- CUFC parents will follow the 48-Hour Rule before contacting coaches after a game.
- CUFC parents will help enforce the Player Code of Conduct Contract as shown above.

We have read and understand CHARLOTTE UNITED FUTBOL CLUB'S Code of Conduct Contract, and we agree to abide by these principles. We also agree to accept actions taken for failure to abide by these principles.

---

Parent's Signature

---

Date

---

(PRINT PLAYER'S NAME)

(PLAYER'S TEAM NAME)

(AGE GROUP)



### **PLAYER CODE OF CONDUCT**

CHARLOTTE UNITED FUTBOL CLUB is committed to the long-term development of the youth soccer player as a well-rounded athlete, and productive, respected member of society. Excellent gamesmanship in the form of healthy competition coincides with an overall attitude of community awareness and the desire to be a good citizen. Therefore, each player will be expected to follow CUFC'S Code of Conduct principles and each parent is expected to help enforce these principles.

- CUFC players understand that soccer is a team sport and any absences, whether from practice or games, affects the overall team. Players unable to attend a practice or game will notify their coaches as soon as the coming absence is known.
- CUFC players will not use alcohol or illegal substances at any time.
- CUFC players will not use profanity at any time, especially at practices and games.
- CUFC players will show respect to the referees. Players will not show any dissent to a referee. Players will accept responsibility for all fouls issued. Players will positively acknowledge the referee's efforts after a game regardless of the game's outcome.
- CUFC players will show respect to the other team's players. Players will not be allowed to taunt an opposing player. Players will not retaliate against an opponent for a previous foul. Players will shake hands with their opponents after each game.
- CUFC players will accept victory and defeat with dignity.
- CUFC players will show respect to their coaches.
- CUFC players will show respect to their parents.
- CUFC players will work to promote a model of a top soccer athlete: good skills, sound fundamentals, clean and fair play.

I have read and understand CHARLOTTE UNITED FUTBOL CLUB'S Code of Conduct Contract, and I agree to abide by these principles at all times.

I understand these principles also apply to out-of-state tournaments, both on and off the field. I also agree to accept actions taken for failure to abide by these principles.

---

Player's Signature

---

Date

# NORTH CAROLINA Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 \_\_\_\_ - 20 \_\_\_\_

## NCYSA

PO Box 18229  
Greensboro, NC 27419  
336.856.7529

NCYSA Policy # \_\_\_\_\_

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

Player First Name (AS APPEARS ON BIRTH CERTIFICATE)	M Initial	Last Name	Full Association Name	Jersey #
<input type="checkbox"/> Academy <input type="checkbox"/> Challenge <input type="checkbox"/> Classic <input type="checkbox"/> Recreation <input type="checkbox"/> Male <input type="checkbox"/> Female				
Birth Date	Level			Sex
Address of Player	City	State	Zip	
Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone	
Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone	
Date of Last Tetanus Shot	Medications now being taken			
Player is Allergic to these Medications and Substances				
List any Unusual Health Information			Parent Email For Soccer Information	

I (we), the undersigned, residing in the county of \_\_\_\_\_, state of \_\_\_\_\_, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:

Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
\*\*Parent/Legal Guardian Signature

ID Number: \_\_\_\_\_

\*\*No Electronic Signature Permitted

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
Date

Original (Team)

Copy (Association)

# NORTH CAROLINA Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 \_\_\_\_ - 20 \_\_\_\_

## NCYSA

PO Box 18229  
Greensboro, NC 27419  
336.856.7529

NCYSA Policy # \_\_\_\_\_

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

Player First Name	M Initial	Last Name	Full Association Name		Jersey #
(AS APPEARS ON BIRTH CERTIFICATE)					
<input type="checkbox"/> Academy <input type="checkbox"/> Challenge <input type="checkbox"/> Classic <input type="checkbox"/> Recreation <input type="checkbox"/> Male <input type="checkbox"/> Female					
Birth Date		Level		Sex	
Address of Player		City	State	Zip	
Parent/Legal Guardian Full Name		Home Phone	Work Phone	Cell Phone	
Additional Person to Contact in an Emergency		Address	Home Phone	Cell Phone	
Date of Last Tetanus Shot		Medications now being taken			
Player is Allergic to these Medications and Substances					
List any Unusual Health Information			Parent Email For Soccer Information		

I (we), the undersigned, residing in the county of \_\_\_\_\_, state of \_\_\_\_\_, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:

Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
\*\*Parent/Legal Guardian Signature

ID Number: \_\_\_\_\_

\*\*No Electronic Signature Permitted

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
Date

Original (Team)

Copy (Association)



## YOUTH PLAYER REGISTRATION FORM

*This form must be retained by the club for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.*

**Club Name:** Charlotte United Futbol Club

**City:**

**State:**

**League Name:**

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

**Player's Signature**

**Date**

**Parent/Guardian Signature**

**Date**

### PLAYER'S MEDICAL INFORMATION

**Player's Name:**

**Birth Date:**

**Gender:** ☐ Female ☐ Male

**Street Address:**

**City:**

**State:**

**Zip :**

**Email Address:**

**Parent Name:**

**Home Phone:** ( )

**Bus Phone:** ( )

**Email Address:**

**Cell Phone:** ( )

**Receive texts?** ☐ Yes ☐ No

**Parent Name:**

**Home Phone:** ( )

**Bus Phone:** ( )

**Email Address:**

**Cell Phone:** ( )

**Receive texts?** ☐ Yes ☐ No

#### **In an emergency when parent/guardian cannot be reached, please contact the following:**

**Name:**

**Phone 1:** ( )

**Phone 2:** ( )

**Name:**

**Phone 1:** ( )

**Phone 2:** ( )

**Please list player allergies:**

**Please list other medical conditions:**

**Physician:**

**Phone 1:** ( )

**Phone 2:** ( )

**Medical/Hospital Insurance Company:**

**Phone:** ( )

**Policy Holder's Name:**

**Policy Number:**

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to player:** ☐ Father ☐ Mother ☐ Guardian





## YOUTH PLAYER REGISTRATION FORM

*This form must be retained by the club for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.*

**Club Name:** Charlotte United Futbol Club

**City:**

**State:**

**League Name:**

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

**Player's Signature**

**Date**

**Parent/Guardian Signature**

**Date**

### PLAYER'S MEDICAL INFORMATION

**Player's Name:**

**Birth Date:**

**Gender:** ☐ Female ☐ Male

**Street Address:**

**City:**

**State:**

**Zip :**

**Email Address:**

**Parent Name:**

**Home Phone:** ( )

**Bus Phone:** ( )

**Email Address:**

**Cell Phone:** ( )

**Receive texts?** ☐ Yes ☐ No

**Parent Name:**

**Home Phone:** ( )

**Bus Phone:** ( )

**Email Address:**

**Cell Phone:** ( )

**Receive texts?** ☐ Yes ☐ No

#### **In an emergency when parent/guardian cannot be reached, please contact the following:**

**Name:**

**Phone 1:** ( )

**Phone 2:** ( )

**Name:**

**Phone 1:** ( )

**Phone 2:** ( )

**Please list player allergies:**

**Please list other medical conditions:**

**Physician:**

**Phone 1:** ( )

**Phone 2:** ( )

**Medical/Hospital Insurance Company:**

**Phone:** ( )

**Policy Holder's Name:**

**Policy Number:**

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to player:** ☐ Father ☐ Mother ☐ Guardian

# 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.

The 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 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:	M/F:
Address:	City and State:	Zip:	
Parent/Guardian Name:	Phone Number:		
Current Team Name:	Date Last Played:	Age Group:	
Coach of Current Team Signature:	Print Name of Coach:	Date:	
Parent/Guardian Signature:	Date:	Email:	

**TYPE OF CHANGE:** Please indicate the type of permission you are seeking and State Associations involved: **I. Interstate Permission, II. Guest Player Permission or III. Relocation Release.** **A \$10 registration fee made payable to SC Youth Soccer must accompany this form for SC players registering out of state.**

I. \_\_\_\_\_ **Interstate Permission:** Player is registered with one State Association but wishes to play as a member of a team of another State Association.

**Releasing State Association:** \_\_\_\_\_ **Accepting State Association:** \_\_\_\_\_

**ODP Declaration: State Association (Releasing or Accepting)** \_\_\_\_\_

II. \_\_\_\_\_ **Guest Player Permission:** Player is seeking to guest play with team from another State Association.

Tournament Name:	Hosting State:	Dates of Tournament:
Guest Team:	Guest State:	Team Coach:

III. \_\_\_\_\_ **Relocation Release:** Player has moved from one State Association to another State Association during the seasonal year.

**Releasing State Association:** \_\_\_\_\_ **Accepting State Association:** \_\_\_\_\_

## STATE ASSOCIATION REGISTRAR/STATE ASSOCIATION OFFICE USE ONLY (Check Appropriate boxes)

The player's current season member pass will be generated by the ☐ Releasing State Association or by the ☐ Accepting State Association. **(Check One)** Player wishing to play with a team of another State Association other than the State Association in which the player is registered will be insured by the ☐ Releasing State Association or by the ☐ Accepting State Association. **(Check One)**

<b>Releasing State Association:</b>		<b>Accepting State Association:</b>	
<input type="checkbox"/> Player is registered and in good standing	<input type="checkbox"/> Player is registered and in good standing	<input type="checkbox"/> Player is registered and in good standing	
<input type="checkbox"/> Interstate Permission	<input type="checkbox"/> Guest Player	<input type="checkbox"/> Interstate Permission	<input type="checkbox"/> Guest Player
<input type="checkbox"/> USYS Cup Team	<input type="checkbox"/> Non-Cup Team	<input type="checkbox"/> USYS Cup Team	<input type="checkbox"/> Non-Cup Team
<input type="checkbox"/> Participated in USYS	<input type="checkbox"/> Relocation Release	<input type="checkbox"/> Participated in USYS	<input type="checkbox"/> Relocation Release
<input type="checkbox"/> Permission Granted	<input type="checkbox"/> Permission Denied	<input type="checkbox"/> Permission Granted	<input type="checkbox"/> Permission Denied
Comments:		Comments:	
Signature:		Signature:	
Printed Name:		Printed Name:	
Title:		Title:	
Date:		Date:	

Additional person completed form should be faxed to: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_