



Maryland State Youth Soccer Association

AFFILIATED WITH THE UNITED STATES SOCCER FEDERATION

07/00



PLAYER/TEAM STATUS FORM

(PLEASE TYPE OR PRINT)

Seasonal Year 20 /

Player Name: Last, First, Gender (M/F), Player Registration Number, Date of Birth (Month/Day/Year), Address, City, State, Zip

As of this date, I am [] rostered OR I am not [] rostered to more than one team.

I have [] been OR I have not [] been rostered to a team that participated in State Cup play during this seasonal year.

Signature - Player _____ Date _____

If Release, Reason:

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.

Signature - Parent/Guardian _____ Date _____ Phone () _____

[] Transfer Request: Previously rostered player is joining a team (approved release must be shown to registrar).

New Club & Team _____ Age U- _____ League _____

Old Club & Team _____ Age U- _____ League _____

Signature - New Team Official _____ Date _____

Signature - Registrar _____ *Date _____

[] Release Request: Player is to be removed from roster. Player pass must be turned in to processing registrar.

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 or TEAMS: check 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, [] Maryland team to play in league outside of state boundaries

Signature - State Registrar _____ *Date _____

Name of Other State Association _____

Signature - Other State Official _____ *Date _____

[] Participation in Amateur games: Player retains youth status while participating in amateur games.

Youth Club & Team _____ Age U- _____ League _____

Signature - Youth Team Official _____ Date _____

Signature - Youth League Registrar _____ *Date _____

Signature - Youth State Registrar _____ *Date _____

Amateur Club & Team _____ League _____ State _____

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

THIS COPY FOR: (CHECK ONE) [] PLAYER [] MSYSA REGISTRAR [] FORMER TEAM [] NEW TEAM [] TEAM REGISTRAR [] MSYSA OFFICE [] LEAGUE [] OFFICIAL IN OTHER STATE