

Missouri Youth Soccer Association

Player Permission Agreement

Please fill out the section below that applies

Section I: The following listed Missouri resident player has registered with Missouri Youth Soccer Association and is requesting permission to play for a team in another National State Association.

Name: _____ Date of Birth: ___/___/___

Address: _____ ID Number: _____

City: _____ State: _____ Zip Code: _____

The above player has been granted permission:

To play soccer in the state of: _____ Seasonal Year: _____

For (name of soccer team): _____

District/Alternate District Commissioner Signature _____/___/___
Date

MYSA Member Organization League Registrar Signature _____/___/___
Date

Signature of Receiving National State Association Registrar _____/___/___
Date

Section II: The following listed non-Missouri resident player has requested to be registered with Missouri Youth Soccer Association. Proof of registration from home National State Association must be attached. Player will use USYSA player pass from home National State Association for ID card.

Name: _____ Date of Birth: ___/___/___

Address: _____ ID Number: _____

City: _____ State: _____ Zip Code: _____

The above player has been granted permission:

To play soccer in the state of Missouri Seasonal Year: _____

For (name of soccer team): _____

Signature of Registrar from Home National State Association _____/___/___
Date

MYSA District/Alternate District Commissioner Signature _____/___/___
Date

MYSA Member Organization League Registrar Signature _____/___/___
Date