

# Weston Soccer Foreign Born Players age 12 - 16 Clearance Waiver



## U.S. Soccer Federation International Clearance Waiver Form

Please Print or Type Clearly

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current U.S. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ City \_\_\_\_\_ Country/State \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender Male / Female  
Month Day Year

I, \_\_\_\_\_, do hereby state as follows:

- Are you 11 years of age or younger? Yes \_\_\_ No \_\_\_
- Are you 17 years of age or older? Yes \_\_\_ No \_\_\_
- Have you signed a contract with a professional team? Yes \_\_\_ No \_\_\_
- Have you received any money or other remuneration for playing soccer? Yes \_\_\_ No \_\_\_

If you have answered all 4 of the above questions "No", and are not coming to the United States to play in a tournament or friendly game and then return to your native country, you qualify for a waiver. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Player

By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian

By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature of State Association Official

**Send to:**  
**Weston Soccer Club, Inc.**  
**PO Box 1281**  
**Weston CT 06883**  
**or**  
**contact Sally Korsh – [s2k2@optonline.net](mailto:s2k2@optonline.net), 203-221-9040**