

Interstate US Youth Soccer Region III Permission Form

The form must be completed by all players requesting permission to play with a state association other than the state in which they reside as well as by any player moving from one state association to another during the Seasonal Year. It is the responsibility of the player and parent or guardian to submit the form to the appropriate parties within both the releasing and accepting state associations.

USYSA Rule 201 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). A youth player wishing to participate with a team from a state association other than their state must receive written permission from both state associations prior to participation.

- Instructions:
1. The player must register and pay any appropriate fee(s) in the state in which they reside.
 2. Complete the Player Information section of this form.
 3. Send the completed Interstate Form to the appropriate party within the State Association in which the player resides
 4. Home State Association must complete the Home section of this form.
 5. Accepting State Association must complete the Accepted section of this form.

PLAYER INFORMATION

| | | |
|--|---------------------------|------------|
| Name: | ID Number: | DOB: |
| Address: | City and State: | Zip: |
| Parent / Guardian Name: | Phone Number: | |
| Team Name: | Date Last Played: | Age Group: |
| Coach of Current Team Signature: (Not required by SCYSA) | Print Coach of Team Name: | Date: |
| Parent / Guardian Signature: | Date: | |

TYPE OF CHANGE: Please indicate the type of permission you are seeking and State Association involved.

_____ **Interstate Permission** –resides in one state but wishes to play with a team within another state association

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| State: | ODP Declaration | State: |
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_____ **Relocation Release** – player has moved from one state to another during the Seasonal Year

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| State: |
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_____ **Guest Player Permission** – player is seeking to guest play with team from another state association

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

STATE REGISTRAR / STATE OFFICE USE ONLY (Check appropriate boxes)

| Releasing State: | | | Accepting State: | | |
|--------------------------|--|--------------------------|--------------------------|--|-----------------------|
| <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"/> | USYSSC Cup Team | <input type="checkbox"/> | Non-Cup Team | <input type="checkbox"/> | USYS Cup Team |
| <input type="checkbox"/> | Participated in USYSSC | <input type="checkbox"/> | Relocation Release | <input type="checkbox"/> | Participated in USYS |
| <input type="checkbox"/> | Permission Granted | <input type="checkbox"/> | Permission Denied | <input type="checkbox"/> | Permission Granted |
| Comments: | | | Comments: | | |
| Signature: | | | Signature: | | |
| Printed Name: | | | Printed Name: | | |
| Title: | | | Title: | | |
| Date: | | | Date: | | |

A \$10 registration fee made payable to SCYSA must accompany this form for SC players playing out of state.