



A Proud Member of U.S. Soccer



Tournament Information

We request approval to play in the _____ Tournament. To be held in _____, during the dates of _____

Tournament Director _____ Telephone _____
Address _____ City _____ State ____ Zip _____
E-mail _____ FAX (____) _____

Player Information

Player Name _____ Date of Birth _____

Player Registration Number _____

Primary Player Team _____

Coach Signature _____

Loaning Team _____

Loaning Coach Signature _____

Primary Team Information

Team League _____

By completing this for you (primary team) are allowing the above named player to travel, play, train and participate in activities with loaned team during the dates agreed upon.

Approval

(For Official Use Only)

Date ____ / ____ / ____

By: **Laurie Paule**

Title **National Administrator**

In granting this permission to guest play, neither U.S. Soccer, USSSA, nor its Affiliates shall be liable for transportation, lodging, or injury to persons or property sustained in the course of the approved event.