

# Mid New Jersey Youth Soccer

## Secondary Permission Player Form

Player Name \_\_\_\_\_ Primary Pass # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address (Street, Town, State, Zip) \_\_\_\_\_

### Required Signatures

Signature Parent \_\_\_\_\_ Date \_\_\_\_\_

Primary Team \_\_\_\_\_ Age \_\_\_\_\_ League \_\_\_\_\_

Signature Primary Coach \_\_\_\_\_ Date \_\_\_\_\_

Email Primary Team Coach \_\_\_\_\_

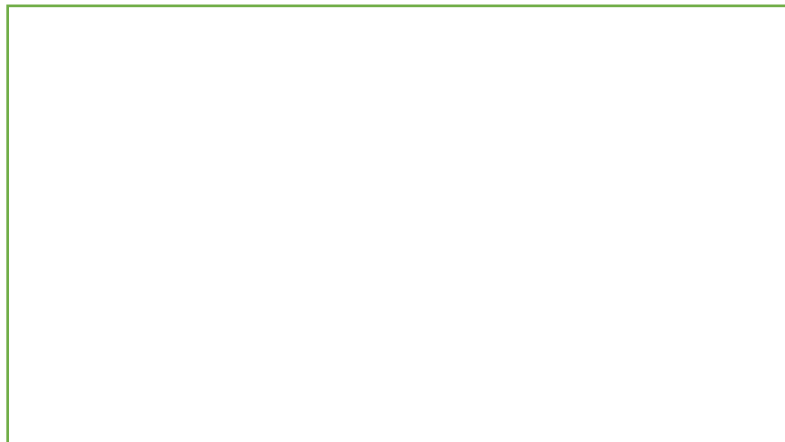
Secondary Team \_\_\_\_\_ Age \_\_\_\_\_ League \_\_\_\_\_

Signature Secondary Team Coach \_\_\_\_\_ Date \_\_\_\_\_

Email Secondary Team Coach \_\_\_\_\_

MNJYSA APPROVAL \_\_\_\_\_ Date \_\_\_\_\_

### Copy of Primary Pass



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### Form Instructions

1. Complete each line in its entirety
2. Email completed form to MNJYSA – [mnjysaprez@aol.com](mailto:mnjysaprez@aol.com)
3. League will determine eligibility and will provide the form back to the team.
4. This form is only for MNJYSA sanctioned games.
5. Players are always responsible to play on their primary team if there is a conflict
6. This form is to be handed to referee during check in with all player passes and game cards.