



US Soccer Federation International Clearance Waiver Form

Please Print or Type Clearly

Player's Last Name _____ First Name _____ Middle Initial _____ Gender Male/Female

Current U.S. Address Street _____ City _____ State _____ Zip _____

Birth Date ____/____/____ Place of Birth _____
Month Day Year City Country/State

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 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: _____ Signature of Player _____ Date _____

By: _____ Signature of Parent or Guardian _____ Date _____

By: _____ Signature of State Association Official (Assigned Registrar) _____ Date _____

This completed form and four copies must be submitted to the registrar when placing the player on a VYSA roster.

Office Use Only: Distribution of Original and Copies

- State Office (original) by mail, email or fax League Registrar Assigned League Registrar Player Team

VYSA, Attn: Player Registration
2239-D Tacketts Mill Drive
Woodbridge, VA 22192
703-551-4114 Fax
Lisa@vysa.com