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: _____ _____
Signature of Player Date

By: _____ _____
Signature of Parent or Guardian Date

By: _____ _____
Signature of State Association Official Date

Please complete and submit this form by mail, e-mail or fax to:

Virginia Youth Soccer Association
Attn: Player Registration
2239 D Tacketts Mill Dr
Woodbridge, VA 22192
703-494-0030
703-551-4114 Fax
Lisa@vysa.com