



## VYSA INTERSTATE GUEST PLAYER / RELEASE/ TRANSFER

This 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/or guardian to submit the form to the appropriate parties within both the releasing and accepting state associations.

**USYS 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 the state in which they reside 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. Fax the completed form to 703-551-4114
  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

<b>Name:</b>	<b>ID Number:</b>	<b>DOB:</b>
<b>Address:</b>	<b>City/State:</b>	<b>ZIP:</b>
<b>Parent/Guardian Name:</b>	<b>Phone Number with Area Code:</b>	
<b>Team Name:</b>	<b>Date Last Played:</b>	<b>Age Group:</b>
<b>Coach of Current Team Signature:</b>	<b>Print Coach of Team Name:</b>	<b>Date:</b>
<b>Parent/Guardian Signature:</b>	<b>Date:</b>	

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

\_\_\_\_\_ **Interstate Release** – resides in one state but wishes to play with a team with another state association

#### ODP Declaration

State:

State:

\_\_\_\_\_ **Relocation Release** – player has moved from one state to another during the Seasonal Year

State Leaving:

State Moving to:

\_\_\_\_\_ **Guest Player Permission** – player is seeking to guest play with a team from another state association

<b>Tournament Name:</b>	<b>Hosting State:</b>	<b>Dates of Tournament:</b>
<b>Guest Team:</b>	<b>Guest State:</b>	<b>Team Coach:</b>

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

<b>Releasing State:</b>			<b>Accepting State:</b>		
Player is registered and in good standing.			Player is registered and in good standing.		
<input type="checkbox"/> Interstate Transfer	<input type="checkbox"/> Non-Cup Team		<input type="checkbox"/> Interstate Transfer	<input type="checkbox"/> Non-Cup Team	
<input type="checkbox"/> Relocation Release			<input type="checkbox"/> Relocation Release		
<input type="checkbox"/> Permission Granted	<input type="checkbox"/> Permission Denied		<input type="checkbox"/> Permission Granted	<input type="checkbox"/> Permission Denied	
Comments:			Comments:		
Signature:			Signature:		
Printed Name:			Printed Name:		
Title:			Title:		
Date:			Date:		

Additional person completed form should be faxed to: \_\_\_\_\_ Fax # \_\_\_\_\_