



United States Soccer Federation, Inc. 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 / /
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 along with application fee of \$10.00 by mail to:

U.S. Soccer Federation
 Attn: Federation Services Department
 1801 South Prairie Avenue
 Chicago, IL 60616
 312-808-1300
 312-808-9263 Fax