



PERMISSION TO PLAY OUT OF STATE

First: _____ MI: ____ Last: _____

Gender: M F Birthday: ____/____/____

Player Address: _____ City _____

State _____ Zip _____

Parent/Guardian 1 Name: _____ Phone: _____

Parent/Guardian 2 Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Delaware permits multiple rostering; however other State Associations may require players being rostered to only one travel team at a time.

As of this date, I am /am NOT rostered to another US Youth Soccer team for the 2021-2022 season.

I have /have NOT been rostered to a team that participated in State Cup play during this seasonal year. (2021-2022)

As the parent/legal guardian of the child above, I give my permission for them to play soccer. I am aware of the fact that soccer is a physically demanding sport in which injuries may occur. In my opinion, my child is physically able to play soccer. I affirm the above information regarding my child is complete and correct.

Parent/Guardian Signature: _____

Date: ____/____/____ Phone: _____

Club Name: _____ Team Name: _____

Age: _____ M F State Association: Easter PA New Jersey Maryland

Delaware Youth Soccer Association approves above player Permission to Play Across State Association Boundaries.

Laura A. Sturdivant
Executive Director

Date