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

PARENTS: Complete form and submit to your local Registrar

REGISTRARS: Please submit to NCYSA either by mail or fax:
NC Youth Soccer Association
Attn: Registration
PO Box 29308, Greensboro, NC 27429
(phone) 336.856.7529 (fax) 336.856.0204

May 2010