New York State West Youth Soccer Association
International Clearance Wavier Form

Please Print Clearly

Date of Birth

_____ ___ / _____ /_____
Last Name First Name Middle Initial Day Month Year

_____
Current Address City State Zip

I, _____, do hereby state as follows:
Print Name

(1) I am under the age of 17; and (please check one of the following statements for 2 and 3)

(2) _____ I have not signed a contract with any professional team*, or

_____ I have signed a contract with a professional team**.

(3) _____ I have not received any money or remuneration for playing soccer with a professional team*, or

_____ I have received money or other remuneration for playing soccer with a professional team**.

*If a player indicates that he/she has not played with or received monies or other remuneration from a professional team, the player may register directly with the state association which will allow him/her to play with one the state association's affiliated members.

**If the player indicates that he/she has played with or received monies or other remuneration from a professional team, the player understands that he/she must file for a full international clearance with the United States Soccer Federation and that they cannot register with the state association until such time as the approval is granted by the national federation.

(4) By executing this form, I hereby represent that the information contained is true and correct.

(5) Because I am under the age of 17, I understand that this wavier form must be signed by at least one parent or legal guardian/sponsor parent in the space provided.

By:_____ _____/_____/_____
Signature of Player Day Month Year

By:_____ ____/____/____
Signature of Parent or Guardian Day Month Year

By:_____ ___/____/____
Signature of State Association Official Day Month Year

Return completed wavier form to the New York State West Youth Soccer Assoc. State Office, 41 Riverside Drive, Corning, NY 14830

607-962-9923 607-962-0525 (fax) office@nyswysa.org

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