



Interstate Permission Form

Return to: FYSA Registrar
 2828 Lake Myrtle Park Rd, Auburndale, FL 33823
 Phone (863)268-8220 or Fax (863)268-8221

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

US Youth Soccer 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).
 2. Complete the Player Information section of this form, after completion by the registering affiliate.
 3. Send the completed Interstate Form to FYSA at the address above (can be via mail, fax or email)
 4. FYSA will complete the Home section of this form.
 5. Accepting State Association must complete the Accepted section of this form.

PLAYER INFORMATION

* Name:	* ID Number:	* DOB:
Address:	City and State:	Zip:
* Parent/Guardian Name:	Phone Number:	
* Team Name:	* Date Last Played:	* Age Group:
* Club Registrar or Agent of Record:	* Print club official name:	* Date:
* Parent / Guardian Signature:	* Date:	

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

_____ **Interstate Permission** –resides in one state but wishes to play with a team within another state association

State:	ODP Declaration	State:
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_____ **Relocation Release** – player has moved from one state to another during the Seasonal Year

State:

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

Tournament Name:	Hosting State:	Dates of Tournament:
Guest Team:	Guest State:	Team Coach:

*** STATE REGISTRAR / STATE OFFICE USE ONLY** (* Check appropriate boxes)

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