



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

Please complete and submit this form by mail, e-mail or fax to:

Florida Youth Soccer Association
7201 Lake Ellenor Drive, Suite 200
Orlando, FL 32809
Fax: 407-852-6771
bc@fysa.com (along with the birth certificate)