

## Michigan State Youth Soccer Association

## **OFFICIAL MSYSA FORM**

## **INDIVIDUAL OUT-OF-STATE LEAGUE PLAY**

Seasonal Year:		_ '	-ee:	
Player's Name:				
Player's Address:				
Player's Date of Birth:/	Gender:	Male	Female	Age Group: <u>U</u>
Parent Name:			Phone	::
Parent Email:				
State Association:				
League Name:				
Club Name:				
Team Name:				
Coach's Name:			Phone	ı:
Reason for request to play in another state:				
<ul> <li>Per US Youth Soccer, a player may not particle Series in the same seasonal year. In other walso play for a State Cup team in another state.</li> <li>Players currently rostered on a MSPSP teal National League Team. Refer to the MSPS</li> <li>I affirm that the above information is accurate or sanctions by MSYSA or any other state at I understand this application for permission reissued every seasonal year.</li> </ul>	ords, a played the within the m may not of FP Rules (Sec arate and tha association o	may not p same seas lual roster tion 4.4 an t I am not or or one of its	lay on a State on al year. with an out of dection 5.10 currently under affiliates.	Cup team in Michigan and f state MRL team or 0).  er any disciplinary actions
Parent Signature:			Date:	
MSYSA Approval:			Date:	



