TEAM PLAYER FORM

This form is to be provided by Wisconsin Youth Soccer Association (WYSA) for a team going to a tournament or games that are not approved by US Youth Soccer or any of its State Associations.

TEAM NAME: _____

Following is the information requested about the players of the team named above registered with Wisconsin Youth Soccer Association (WYSA) as of [Insert date this form is being completed] for the seasonal year [Insert seasonal year, such as 2009-2010]:

Name of Player: **Date of Birth:**

SAMPLE

THE INFORMATION PROVIDED ON THIS FORM IS BEING PROVIDED SOLELY BECAUSE OF THE REQUEST OF THE TEAM FOR PURPOSES DETERMINED ONLY BY THE TEAM. PROVIDING THIS INFORMATION DOES NOT CONSTITUTE AUTHORIZATION OR ENDORSEMENT OF ANY EVENT OR ACTIVITY FOR WHICH THE TEAM MAY USE THIS INFORMATION.

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