



### WISCONSIN OUT OF STATE PERMISSION FORM

This form must be completed by all players requesting permission to participate with a State Association other than the State in which they reside as well as by any players moving from one State Association to another during the Seasonal Year. It is the responsibility of those seeking approval to participate in another state to submit the appropriate approval to 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) or 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) in the state in which they reside. (Wisconsin - \$10.00)
2. Indicate type of request and complete form.
3. Send the completed Permission Form, with appropriate fees, to the WYSA office at 10201 W Lincoln Ave, Suite 207, West Allis, WI 53227.
4. WYSA must complete the Releasing State Association Approval.
5. Accepting State Association must complete the Accepting section of this form.
6. Permission to play is valid for the seasonal year applied for and must be obtained every seasonal year.
7. **ONCE APPROVED – all insurance on this player will be covered by the accepting State Association.**

**TYPE OF REQUEST:** Please indicate the type of permission you are seeking.

- Interstate Release – resides in one state but wishes to play with a team in another State Association
- Relocation Release – player has moved from one state to another
- Tournament Guest Player Permission – wishes to guest play with a team from another State Association

**PLAYER INFORMATION**

Player Name: \_\_\_\_\_ ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TEAM INFORMATION:** Please complete for last/current team in releasing State Association.

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 State: \_\_\_\_\_ League: \_\_\_\_\_ Date Last Played: \_\_\_\_\_  
 Coach Name: \_\_\_\_\_ Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have  been OR I have not  been rostered to a team that participated in the US Youth Soccer National Championships play during this season year.

**TEAM INFORMATION:** Please complete information for accepting State Association.

Club: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 League Name: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

### STATE OFFICE USE ONLY

**Releasing State Association Approval**

State Association: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Accepting State Association**

State Association: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_