



2010 US Youth Soccer Minnesota State Cup Player Domicile Form



Club: _____

Team Name: _____ **MYSA Team Code:** _____

Age Group: Under ____ Boys Under ____ Girls

According to MYSA rules, a player must reside and attend school in Minnesota for six months prior to the beginning of the playing season. The Competitive Committee may make exceptions to the above state residency requirement on a case-by-case basis. Players that transfer from other states must obtain a release from any state in which they registered during the current year (September 1, 2009 – August 31, 2010).

In addition, any player (professional or amateur) who was not born in the United States, including US citizens born abroad, must fill out the MYSA International Clearance Request Waiver and if applicable, the USSF International Clearance Request Form (USSF Form ITC 3-03).

Any players that are US citizens who have resided outside the United States for a period of over one year (twelve continuous months) and have played soccer in an organized soccer club or league outside the United States should also fill out a MYSA International Clearance Request Waiver and if applicable, the USSF International Clearance Request Form (USSF Form ITC 3-03).

Listed below are any players that: (1) lived in Minnesota for less than six months; (2) live in another state but will play soccer for a Minnesota team, (3) registered with another state during this soccer year; or, (4) qualify under the US Youth Soccer international clearance transfer/release policy.

This form must be submitted at registration with the appropriate documentation for the 2010 US Youth Soccer Minnesota State Cup play.

PLAYER DOMICILE INFORMATION			
Player Name	Minnesota Resident for Less Than Six Months? (Attach Residency Waiver form)	Lives in Another State? (Attach copy of release form)	Requires International Waiver Documentation? (Attach Waiver Form)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Coach Name (Print): _____ (MUST be signed by a team COACH)

Signature: _____ **Date:** _____

Note: If it is determined that an ineligible player participates in a US Youth Soccer Minnesota State Cup match, the game shall be forfeited (see US Youth Soccer Minnesota State Cup Eligibility Rules). If a coach knowingly falsifies information on this form, a hearing may be held and additional penalties may be levied.