



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



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: Date moved to Minnesota:

I, do hereby state as follows:

- Are you 11 years of age or younger?
Are you 17 years of age or older?
Have you signed a contract with a professional team?
Have you received any money or other remuneration for playing soccer?

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.

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 to MYSA at the address listed above.