



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
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www.mnyouthsoccer.org



Residency Waiver Form

This form is to be used for any player that has not resided in Minnesota for the past 6 months prior to the beginning of the playing season.

Please Print or Type Clearly

Player's Last Name First Name Middle Initial

Current Address City State Zip

Past Residence if Less Than 6 months City State

Birth Date / / Date moved to Minnesota / /
Month Day Year Month Day Year

- Have you participated in another states US Youth Soccer National Championship Series for the current soccer year?
Yes No

Submit this form, signed by all parties to the MYSA office.

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.