

## **Please Print or Type Clearly**

Player's Last Name	First Name		Middle Initial
Current U.S. Address	City	State	Zip
Place of BirthCity		Caura	hm / Otata
Birth Date / / Month Day Year		Coun	try/State
I,	, do hereb	y state as follows:	
• Are you 11 years of age or younger?		Yes	No
• Are you 17 years of age or older?		Yes	No
• Have you signed a contract with a professional t	eam?	Yes	No
Have you received any money or other remuners soccer?	ation for playing	Yes	No

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. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By:	Signature of Player		Date
			Date
By:	Circulture of Denset on Oversition		
	Signature of Parent or Guardian		Date
By:			
-	Signature of State Association Officia	1	Date
	Please complete and submit	t this form along with	application fee of \$10.00 by mail to:
	U.S. Soccer Federation		
		Attn: Federation Services Department 1801 South Prairie Avenue	
		Chicago, IL 60616	

312-808-1300 312-808-9263 Fax