



United States Soccer Federation, Inc.
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 / /

I, do hereby 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 team? Yes No
* Have you received any money or other remuneration for playing soccer? Yes No

If you have answered all 4 of the above questions "No", and are not coming to the United State 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

By: Signature of Parent or Guardian Date

By: Signature of State Association Official Date

Please complete and submit this form along with appliation fee of \$10.00 by mail to

*Please make check payable to USSF

Florida Youth Soccer Association
8034 Sunport Drive
Suite 404
Orlando, FL 32809
407-852-6770