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**GUEST PLAYER
 AUTHORIZATION**

*Affiliated with the United States Soccer
 Federation and Federation Internationals
 de Football Association*

Revised 10-5-2004

(Please put X in appropriate boxes)

Player Name: _____	Boys:	Girls:
Address: _____	Phone #: () -	
City: _____	State: FL Zip: _____	Birth Date: / /
Code of Primary Team: _____	Pass # _____	Age Group: U-

**GUEST PLAYER AUTHORIZATION FORM ONLY
 FYSA GUEST PLAYER RULE**

1. When traveling out of FYSA for friendly or tournament games, FYSA shall allow the use of the number of guest players that is allowed by the tournament or hosting organization.
2. Coach must have appropriate signatures before turning into the tournament director.
3. Guest players may practice with the team on which they are a guest player until the completion of the tournament and or event.

GUEST PLAYER REQUEST (List only one tournament and or event per form)

Tournament\Event Name: _____

Tournament \Event Starting Date: _____ Tournament\Event Ending Date: _____

Date Practices will begin before tournament or Event: _____

Name of Team Guest Playing for: _____ Team Code: _____

If player is guest playing for an out-of-state team, fill out the Region III Permission to Guest Play on Internet (www.fysa.com)

SIGNATURES

Player Signature: _____ Date: _____
Player must sign

Parent Signature: _____ Date: _____
Parent of Guest Player must sign

Authorizing Coach: _____ Date: _____
Authorizing Coach must sign

Receiving Coach: _____ Date: _____
Receiving Coach must sign

Club Registrar Signature: _____ Date: _____
Club Registrar must sign

This Authorization is not valid until all appropriate signatures are present; see applicable rules summary at top of the form.