



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 _____ / _____ / _____
Month Day Year

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 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 answered "Yes" to one of the above questions, 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 the \$10.00 fee payable to US Soccer Federation to:

**Washington Youth Soccer
500 S 336th Street Suite 100
Federal Way, WA 98003**