

20__ – 20__

NCYSA Eligibility Clearance for Youth Player Playing In Senior Games

INSTRUCTIONS:

COMPLETE AND RETURN THIS FORM TO:

NCYSA
PO Box 29308
Greensboro, NC 27429
Fax: (336) 856-0204

| | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--------------------|--------|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. YOUTH PLAYER NAME: | | PASS # | Y Y | | | | | | | | | | | | | | | | | |
| STREET: | CITY: | NC | ZIP: | | | | | | | | | | | | | | | | | |
| D.O.B. | CURRENT TEAM NAME: | | | | | | | | | | | | | | | | | | | |

2. YOUTH PLAYER

| | |
|---|-------|
| I, _____, HAVE PERMISSION FROM _____ <small>(YOUTH PLAYER)</small> <small>(YOUTH COACH OF CURRENT TEAM)</small> TO PLAY AN UNLIMITED NUMBER OF SENIOR GAMES WITH _____ WITHOUT LOSING MY YOUTH ELIGIBILITY. <small>(Senior Team)</small> | |
| SIGNATURE OF YOUTH PLAYER: | DATE: |
| SIGNATURE OF YOUTH COACH: | DATE: |

3. STATE SENIOR ASSOCIATION

| | |
|--|-------|
| _____ <small>(YOUTH COACH)</small> HAS REQUESTED AND RECEIVED PERMISSION FROM THE STATE <i>SENIOR ASSOCIATION</i> TO PERMIT _____ TO PLAY IN THE SENIOR <small>(YOUTH PLAYER)</small> ASSOCIATION. | |
| SIGNATURE OF AUTHORIZATION OFFICIAL OF THE STATE SENIOR ASSOCIATION: | |
| | DATE: |

4. STATE REGISTRAR

| | |
|---|-------|
| _____ <small>(YOUTH PLAYER)</small> HAVING THE PROPER AUTHORIZATION FROM HIS/HER YOUTH COACH AND THE <i>STATE SENIOR ASSOCIATION</i> IS GRANTED ELIGIBILITY CLEARANCE TO PLAY IN SENIOR GAMES. | |
| SIGNATURE OF STATE REGISTRAR: | DATE: |