

# 2015-2016 Indiana Out of State Permission to Play Form

9333 N Meridian Street – Ste. 225 • Indianapolis, IN 46260 • 317-975-2009 – phone • 317-975-2019 - Fax

This form, or your respective State Association online forms, must be completed by all players/coaches requesting permission to participate with a State Association other than the State in which they reside as well as by any players/coaches moving from one State Association to another during the Seasonal Year. If using this Form, it is the responsibility of those seeking approval to participate in another state to submit the appropriate approval to parties within both the releasing and accepting State Associations.

**US Youth Soccer Rule 201** requires that a youth player register each seasonal year in the State Association in which he/she resides with his/her parent(s) /guardian(s). A youth player wishing to participate with a team from a State Association other than the state in which they reside must receive written permission from both State Associations prior to participation.

- Instructions:
- 1.) The player must register and pay any appropriate fee(s) in the state in which they reside. **Indiana fee is \$10/year**
  - 2.) Complete the Player Information and the Type of Request section of this form.
  - 3.) Send the completed Permission Form, with appropriate fees, to your State Association Office.
  - 4.) Your Home State Association must complete the Home section of this form.
  - 5.) Permission to play is valid for seasonal year applied for and must be obtained every seasonal year.
  - 6.) **ONCE APPROVED – all insurance on this player will be covered by the accepting state association.**

## MEMBER INFORMATION:

|   |  |                                |                |
|---|--|--------------------------------|----------------|
| Name:   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth (month/day/year) | Female<br>Male |
| Address:  | City and State   |                                | Zip Code:      |
| Parent/Guardian Name:   | Phone Number:  | Work Number:                   |                |
| Club Name:  | League:  | Age Group:                     |                |
| Player Signature (if player is under 18 years, parent/guardian signature required): | Date:  | Email:                         |                |

**TYPE OF REQUEST:** Please indicate the type of permission you are seeking and the name of the State Association:

- ☐ *Out of State Permission* – Resides in one state but player wishes to play in the State Association listed below:

|                    |                                 |
|--------------------|---------------------------------|
| State Association: | Seasonal Year: <b>2015-2016</b> |
|--------------------|---------------------------------|

- ☐ *Relocation Release or Transfer* – Player has moved from one state to another during the seasonal year:

## STATE REGISTRAR /STATE OFFICE USE ONLY (Check appropriate boxes)

|  |  |                   |  |  |  |                   |  |
|--|--|-------------------|--|--|--|-------------------|--|
| Home State: <b>INDIANA</b>                         |  |                   |  | Accepting State:                                 |  |                   |  |
| Player has participated in Nat'l Championship Play |  |                   |  | Player is registered and in good standing.       |  |                   |  |
| Player is registered and in good standing.         |  |                   |  | Relocation Release                               |  |                   |  |
| Relocation Release                                 |  |                   |  | Permission Granted                               |  | Permission Denied |  |
| Permission Granted                                 |  | Permission Denied |  | Player ineligible for National Championship Play |  |                   |  |
| Player is a Transfer                               |  |                   |  |  |  |                   |  |
| Other (Please Specify):                            |  |                   |  |  |  |                   |  |
| Signature:   |  |                   |  | Signature:                                       |  |                   |  |
| Printed Name:                                      |  |                   |  | Printed Name:                                    |  |                   |  |
| Title:   |  | Date:             |  | Title:   |  | Date:             |  |

**Return completed form to:** \_\_\_\_\_  
( Name & address, email or fax # if other than player listed above )