UNITED STATES YOUTH SOCCER OF NEVADA PLAYER ACTION FORM

FORM WILL NOT BE PROCESSED WITHOUT REQUIRED SIGNATURES

PLAYER/TEAMSTATUS FOR: (please print)		
NAME:	DATE:	
ADDRESS:	DATE OFBIRTH:	
CITY: ZIP:	CURRENT TEAM NAME:	
PHONE:	AGE GROUP:	
EMAIL:		
	SIGNATURE	
	n roster-player pass MUST accompany form	
COACH:SIGNATURE	DATE:	
STATE REGISTRAR:SIGNATURE	DATE:	
SECTION II TRANSFER Player is being transferred from one te	am to another; player pass MUST accompany form	
NEW TEAM:		
OLD COACH:SIGNATURE	DATE:	
NEW COACH:SIGNATURE	DATE:	
STATE REGISTRAR:SIGNATURE	DATE:	
	TLL MAKE A TEAM INELIGIBLE FOR THE STATE CUP. ER FORM – PAYABLE TO: NYSA (NO CASH ACCEPTED)	
SECTION III GUEST PLAYER Permission to play on another	team as a guest for a specific event	
EVENT:	DATE:	
GUEST TEAM NAME:	AGE GROUP:DATE:	
LENDING COACH:SIGNATUR	DATE:	
STATE REGISTRAR:	DATE: DATE:	
	while participating in senior games; must have form signed If senior and youth games conflict, youth games take precedent	
YOUTH TEAM NAME:		
USYSNV PRESIDENT:	NSSA PRESIDENT: SIGNATURE	