

### **Procedure for Individuals to Play Out of Connecticut**

Following is the procedure you must follow to play out of Connecticut:

A Connecticut player requesting permission to play out of state must be in good standing and agree to abide by the rules of both State Associations.

In order to process the Request for Permission, the following must be completed and received by the State Administrator:

1. Request for Permission to Play In or Out of State Form (attached)
2. USYS Membership Form
3. \$10.00 Player Fee

Upon receipt of the above the State Administrator, on behalf of the State President, will send a confirmation letter to the State Association where the individual wishes to play.

USYSA Rule 4032.3.a  
CJSA Rules 2311, 2313

### **Procedure for Out of State Individuals to Play In Connecticut**

An out of state player requesting permission to play in Connecticut must be in good standing and agree to abide by the rules of both State Association.

In order to process the Request for Permission, the following must be completed and received by the State Administrator:

1. Request for Permission to Play In or Out of State Form (attached)
2. Letter from the State Association where player resides, and is registered with, granting their permission

Upon receipt of the above the State Administrator, on behalf of the State President, will send a letter of approval to the State Association where the individual resides.

USYSA Rule 4032.3.b  
CJSA Rule 3312



# Connecticut Junior Soccer Association Permission to Play In or Out-of-State

Seasonal Year 2 to 2

## Player Information

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has player been previously rostered in this seasonal year? Yes  No  *(If yes, then complete Request for Change of Club form attached)*

If yes, name of club: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(electronic signature not accepted)

## Releasing State Association Information

Name of Releasing State Assn: \_\_\_\_\_

Name of Releasing State Official: \_\_\_\_\_

Title of Releasing State Official: \_\_\_\_\_

Signature of State Official Granting Approval: \_\_\_\_\_  
(electronic signature not accepted)

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Accepting State Association Information

Name of Club Accepting Player: \_\_\_\_\_

Name of Team Accepting Player: \_\_\_\_\_

Name of Coach: \_\_\_\_\_ Age Group: \_\_\_\_\_

Name of Accepting State Assn: \_\_\_\_\_

Name of Accepting State Official: \_\_\_\_\_

Title of Accepting State Official: \_\_\_\_\_

Signature of State Official Granting Approval: \_\_\_\_\_  
(electronic signature not accepted)

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Rule 201 US Youth Soccer-Players and Playing Rules

### Section 1- Player Registration

(a) A player must register each seasonal year in the state in which he or she resides with his or her parent(s) or guardian(s), or for a student in residence at a boarding school, college or university, the player may register in the state in which the boarding school, college or university is located. Any other questions of residency may be determined by the State Association in which the player is registered to vote or holds a current driver's license.

### Section 2

(a) Any youth player wishing to play on a team of a member of a State Association other than the State Association where the player is registered must receive written permission from:

- (1) the State Association where they are registered; and
- (2) the other State Association of the team on which the player wishes to play.

(b) Permission must be obtained each seasonal year (September 1 - August 31).

Note: A US Youth Soccer/CJSA Membership Form plus \$10.00 must accompany any Connecticut player request. Written permission from both National State Association Presidents is required.

# USYSA Membership Form

**FOR LEAGUE USE ONLY**  
 TRANSFER  
 NEW  
 REREGISTRATION  
 CHANGE/  
 CORRECTION



**Connecticut Junior Soccer Association**

Youth Division of the United States Soccer Federation (USSF)  
 Affiliated with the Federation Internationale de Football Association (FIFA)

**OFFICIAL USE ONLY**

League Name \_\_\_\_\_ Age Group \_\_\_\_\_ Div. \_\_\_\_\_  
 Club/Team Name(s) \_\_\_\_\_  
 (USE CODE ONLY) Region \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_ League \_\_\_\_\_ Club \_\_\_\_\_ Team \_\_\_\_\_  
 Recreational - R Competitive - C

I.D. # \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Init \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Birthdate Male = M Fem = F Player = P Coach = C Coach's License Level \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 List any medical problem or prohibition player has \_\_\_\_\_  
 Person to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
 Doctor to notify in emergency \_\_\_\_\_ Telephone \_\_\_\_\_  
 Number prior seasons played \_\_\_\_\_ Last Team \_\_\_\_\_ Last League \_\_\_\_\_ Date of Last Season \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 YOUTH ADULT Other Children From Family Presently in League  
 SHIRTS XS S M L XL XS S M L XL \_\_\_\_\_ Age \_\_\_\_\_  
 SHORTS XS S M L XL XS S M L XL \_\_\_\_\_ Age \_\_\_\_\_  
 SOCKS XS S M L XL XS S M L XL \_\_\_\_\_ Age \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
 Signature X \_\_\_\_\_ Date \_\_\_\_\_

**PARENTAL SUPPORT**

We ask for active participation of all parents in our program

- Check area(s) in which you would be willing to help
- Coach
  - Asst. Coach
  - Team Manager
  - Team Parent
  - Special Projects
  - Field Preparation
  - Board Member
  - Publicity
  - Committee
  - Referee
  - Fund raising
  - Clerical
  - Reporter
  - Newsletter
  - Concessions
  - Donor

Other \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of Parent or Guardian  
 X \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Bus. \_\_\_\_\_

OFFICIAL USE ONLY	Picture Received	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Birthdate Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Registration Fees</b>		
Player Fee	\$ _____	
Coach's Fee	\$ _____	Received by _____
Other	\$ _____	Date _____
<b>TOTAL</b> \$ _____		
Cash	<input type="checkbox"/>	\$ _____
Check No:	_____	\$ _____

