



# Missouri Permission to Participate Form

This form must be completed and signed by all parties for acknowledgement & authorization of a youth player to participate in an event outside of their own club prior to the tryout period.

Both clubs are responsible for securing and retaining a copy of this document. Any misrepresentation made on this document can result in player suspensions of up to one year.

Kick Around/Practice     Guest Play Tournament     Camp/Event

Tourney Name: \_\_\_\_\_ Event Name: \_\_\_\_\_

Name of Player: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

Current Club: \_\_\_\_\_ Age/Gender: \_\_\_\_\_

Primary Rostering Team of Player: \_\_\_\_\_

Primary Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Seeking Permission for Contact: \_\_\_\_\_

Club Coach or Admin Name requesting: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Contact: \_\_\_\_\_

By signing below I verify that all information above is true and accurate and acknowledge that the player has permission to participate in activities associate with another club. I understand that this permission does not grant or authorize a player transfer or rostering.

Primary Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Club Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Requesting Contact: \_\_\_\_\_ Title: \_\_\_\_\_