



Eastern New York Youth Soccer Association, Inc.

Affiliated with ENYSASA – USYSA – USSF – FIFA



53 North Park Avenue, Suite 207, Rockville Centre, New York 11570-4111
516-766-0849 • 1-888-5-ENYISA • Fax 516-678-7411 • E-Mail enyoffice@enysoccer.com

Name (print) _____ D.O.B. _____

Address _____ ID# _____

City _____ State _____ Zip _____

Signature _____ Phone # _____

(If this is for a team, the coach must complete the above omitting the D.O.B.)

_____ Permission for a **Player residing outside of Eastern New York boundaries** to play in ENY.

Club _____ League _____ State _____

_____ Permission for a **Player residing within Eastern New York boundaries** to play outside of ENY.

Club _____ League _____ State _____

Current Team _____

Currently registered with Club _____ League _____

(A League approved Player Release Form must accompany this form.)

_____ Permission for a **Team (attach roster) residing outside of Eastern New York boundaries** to play in ENY.

Currently registered with: Club _____ League _____ State _____

Requesting to play with: Club _____ League _____

_____ Permission for a **Team (attach roster) residing within Eastern New York boundaries** to play out of ENY.

Currently registered with Club _____ League _____

Requesting to play with: Club _____ League _____ State _____

League Approval _____

(League approval is needed if the team is currently registered with a league in ENY.)

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ENYISA Approval _____ Date _____

Name of other State Association _____

Other State Assoc. Approval _____ Date _____

THIS FORM MUST BE COMPLETED EACH SEASONAL YEAR (SEPT. 1- AUG.31)

3/1/08

