



# U.S. Soccer Federation International Clearance Waiver Form

Please Print or Type Clearly

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current U.S. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City \_\_\_\_\_ Country/State \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender Male / Female  
Month Day Year

I, \_\_\_\_\_, do hereby state as follows:

- Are you 11 years of age or younger? Yes\_\_\_\_ No\_\_\_\_
- Are you 17 years of age or older? Yes\_\_\_\_ No\_\_\_\_
- Have you signed a contract with a professional team? Yes\_\_\_\_ No\_\_\_\_
- Have you received any money or other remuneration for playing soccer? Yes\_\_\_\_ No\_\_\_\_

If you have answered all 4 of the above questions "No", and are not coming to the United States to play in a tournament or friendly game and then return to your native country, you qualify for a waiver. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By: \_\_\_\_\_  
Signature of Player Date

By: \_\_\_\_\_  
Signature of Parent or Guardian Date

By: \_\_\_\_\_  
Signature of State Association Official Date

Please complete and submit this form by mail to:

EPYSA  
2 Village Road, Suite 3  
Horsham, PA 19044