



MASS YOUTH SOCCER GUEST PLAYER RELEASE

512 Old Union Turnpike, Lancaster, MA 01523 – Phone 800-852-8111 – Fax 978-466-8817

We Request that the player listed below be allowed to participate as a guest player during the:

Name of Event: _____

Beginning On: _____ and Ending On: _____

PLAYER INFORMATION

Player's Name: _____

Player's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

RELEASING TEAM

Team Name: _____ Organization Name: _____

Coach's Name: _____ Registrar's Name: _____

Coach's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

RECEIVING TEAM

Team Name: _____ Organization Name: _____

Coach's Name: _____ Registrar's Name: _____

Coach's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____