



# INTERNATIONAL PLAYER CLEARANCE CERTIFICATION FORM

Club: \_\_\_\_\_

Team Name (if Different): \_\_\_\_\_

Name/Title of Person Filling out form: \_\_\_\_\_

Team Age Group: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

\_\_\_ I have reviewed our player birth certificates and certify that we have no players who were born outside of the United States. I understand that if I later add players to our team, I will need to complete a new International Player Clearance Certification.

\_\_\_ I have reviewed our player birth certificates and have determined that the players shown below were born outside of the United States. I have followed the procedure to properly clear this player/these players and have received **US Soccer** approval before placing any of these player/players on our State Cup Roster. I also understand that if I later add players to our team, I will need to complete a new International Player Clearance Certification.

Player Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Signature / Title	Date

By signing this document I affirm that all foreign born players have been cleared by US Soccer. I understand that my team will be disqualified from the Massachusetts State Cup if it is determined that foreign born players without international clearance have played in any match. This also results in a \$1500 fine that my club accepts responsibility for and understands it must pay within 30 days of disqualification.