**NMYSA AMATEUR TRIAL GAMES WAIVER FORM**

(please type or print all information)

This waiver is being issued to

**PLAYER’S NAME**

of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. They are granted a waiver

**NMYSA LEAGUE & TEAM NAME**

to play with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ team of the

**AMATEUR TEAM NAME** **AMATEUR LEAGUE NAME**

which is affiliated with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Soccer Association.

**AMATEUR STATE NAME**

It is understood that the player may pay amateur fees, league fees for the amateur team, obtain an amateur playing pass, and play unlimited Amateur Trial Games.

**Please return this form, and direct any questions regarding it, to the NMYSA Youth Commissioner at the NMYSA office address found at the bottom of the form.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Player info: | Name | |  | | | | | | | |  |  |  |
|  | Address | | | |  | | | | | |  |  |  |
|  | City |  | | | | | | | | | State | |  |
|  | Telephone | | | | |  | | | | |  |  |  |
| Signatures: | Player | | |  | | | | | | | Date |  | |
|  | Youth Coach | | | | | | |  | | | Date |  | |
|  | Amat Coach | | | | | |  | | | | Date |  | |
|  | Amat State Pres | | | | | | | |  | | Date |  | |
|  | NMYSA Youth Comm | | | | | | | | |  | Date |  | |

Have all signatures before sending to Youth Commissioner. Youth Commissioner is last to sign.

Rev 03/2020