



YOUTH/ADULT PARTICIPATION APPLICATION

This form must be used for a youth player to play with an adult team and maintain youth eligibility.

A. To Be Completed By Player and Parent/Guardian

Permission is requested for the following youth soccer player, currently registered with a member youth soccer affiliate of Georgia Soccer, to participate with a member adult affiliate of Georgia Soccer.			
Please select one or both of the following: Regular Season Play <input type="checkbox"/> Tournament Play <input type="checkbox"/>			
PLAYER NAME	BIRTH DATE		
PLAYER SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE

B. To Be Completed By Youth Team Coach and Youth Affiliate Member Organization

Permission is hereby granted for the above named, registered with this team of an affiliate, to participate in affiliated adult games:			
TEAM NAME	COACH SIGNATURE		DATE
AFFILIATE NAME	AFFILIATE SIGNATURE		DATE

C. To Be Completed By Adult Team Coach and Adult Affiliate Member Organization

Acceptance of the above named player is hereby confirmed:			
TEAM NAME	COACH SIGNATURE		DATE
AFFILIATE NAME	AFFILIATE SIGNATURE		DATE

D. To Be Completed By Georgia State Soccer Association

GEORGIA SOCCER SIGNATURES:			
VP YOUTH _____	APPROVE ___	DISAPPROVE ___	DATE: _____
VP ADULT _____	APPROVE ___	DISAPPROVE ___	DATE: _____

ALL PARTIES SHOULD RETAIN A COPY OF THIS FORM