



# KANSAS STATE YOUTH SOCCER ASSOCIATION

## RELEASE FOR PLAYER TO ATTEND PRACTICE/TRYOUTS



I, \_\_\_\_\_, manager/coach of the \_\_\_\_\_

team, do hereby give my permission for the following player(s) to attend:

Check one: (  ) Practice (  ) Tryouts

for the \_\_\_\_\_ team, coached by \_\_\_\_\_.

*(Coach's name)*

### PLAYERS REQUESTING RELEASE FOR PRACTICE/TRYOUTS

Players Name ( <i>Print</i> )	KSUSA US Youth Soccer ID #	Date of Birth

Effective Dates: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Manager/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

League Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_