



**U.S. Soccer Federation
Proof of Entry Prior to 10 Years of Age
Submission Form (P12 2-15)**

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

_____ Player's Last Name	_____ First Name	_____ Middle Initial	
_____ Mother's Maiden Name	_____ First Name	_____ Middle Initial	
_____ Father's Last Name	_____ First Name	_____ Middle Initial	
_____ Most Recent United States Address	_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Primary Phone Number		
Birth Date _____ Month Day Year	Gender	Male / Female	
_____ Country of Birth	_____ Country of Citizenship		

B. SUBMISSION INFORMATION

(This section **MUST** be completed or the application will **NOT** be processed)

_____ Type of Documentation Provided	
_____ Club Wishing to Participate With	_____ League/State Association

Please complete and submit this form along with supporting
documentation by mail, e-mail or fax to:

NC Youth Soccer
Attn: Player Registration
P.O. Box 18229
Greensboro, NC 27419
336-856-7529
336-856-0204 Fax
lyn@ncsoccer.org
cindy@ncsoccer.org



U.S. Soccer Federation
Proof of Entry Prior to 12 Years of Age
Submission Form (P12 5-11)

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

<hr/> Player's Last Name	<hr/> First Name	<hr/> Middle Initial
<hr/> Mother's Maiden Name	<hr/> First Name	<hr/> Middle Initial
<hr/> Father's Last Name	<hr/> First Name	<hr/> Middle Initial
<hr/> Most Recent United States Address	<hr/> City	<hr/> State <hr/> Zip Code
<hr/> E-mail Address	<hr/> Primary Phone Number	
<hr/> Birth Date <hr/> Month Day Year	<hr/> Gender Male / Female	
<hr/> Country of Birth	<hr/> Country of Citizenship	

B. SUBMISSION INFORMATION

(This section **MUST** be completed or the application will **NOT** be processed)

<hr/> Type of Documentation Provided	
<hr/> Club Wishing to Participate With	<hr/> League/State Association



U.S. Soccer Federation
First Registration Form
(FR-11)

Player's Last Name _____ First Name _____ Middle Initial _____

Current U.S. Address _____ City _____ State _____ Zip Code _____

Country of Birth _____ Gender _____ Male / Female

Birth Date _____ E-mail Address _____
Month Day Year

I, _____, attest the following to be accurate:

- Are you a CITIZEN of the United States? Yes _____ No _____
- Have you ever been registered with ANY team outside of the United States? Yes _____ No _____

I am to participate with _____

League _____

State Association _____

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____
Signature of Player

Date: _____
Month Day Year

By: _____
Signature of Parent or Guardian
(Required for any player under the age of 18)

Date: _____
Month Day Year

Please complete and submit this form by mail, e-mail or fax to:

NC Youth Soccer
Attn: Player Registration
P.O. Box 18229
Greensboro, NC 27419
336-856-7529
336-856-0204 Fax
lyn@ncsoccer.org
cindy@ncsoccer.org



**U.S. Soccer Federation
International Clearance Request Form
(ITC 5-11)**

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name	First Name	Middle Initial
Mother's Maiden Name	First Name	Middle Initial
Father's Last Name	First Name	Middle Initial
Most Recent United States Address	City	State Zip Code
E-mail Address	Primary Phone Number	
Birth Date _____ Month Day Year	Gender	Male / Female
Country of Birth	Country of Citizenship	

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE

(This section **MUST** be completed or the application will **NOT** be processed)

Last Foreign Club Participated	State/Country	League
Date of Last Game _____ Month Day Year	Professional/Amateur	
Club Wishing to Participate With	State/Country	League

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under a professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of Federation Internationale de Football Association.

Signature of Player	Date: Month Day Year
Signature of Parent or Guardian (Required for any player under the age of 18)	Date: Month Day Year

Please complete and submit this form by mail, e-mail or fax to:

NC Youth Soccer
Attn: Player Registration
P.O. Box 18229
Greensboro, NC 27419
336-856-7529
336-856-0204 Fax
lyn@ncsoccer.org
cindy@ncsoccer.org



U.S. Soccer Federation International Clearance Waiver Form

Please Print or Type Clearly

Player's Last Name _____ First Name _____ Middle Initial _____

Current U.S. Address _____ City _____ State _____ Zip _____

Place of Birth _____ City _____ Country/State _____

Birth Date _____ / _____ / _____ Gender Male / Female
Month Day Year ☐ ☐

I, _____, do hereby state as follows:

- Are you 11 years of age or younger? Yes ☐ No ☐
- Are you 17 years of age or older? Yes ☐ No ☐
- Have you signed a contract with a professional team? Yes ☐ No ☐
- Have you received any money or other remuneration for playing soccer? Yes ☐ No ☐

If you have answered all 4 of the above questions "No", and are not coming to the United States to play in a tournament or friendly game and then return to your native country, you qualify for a waiver. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____
Signature of Player Date

By: _____
Signature of Parent or Guardian Date

By: _____
Signature of State Association Official Date

PARENTS/GUARDIANS: Complete form and submit to your local Registrar

REGISTRARS: Please submit to NCYSA either by mail or fax:
NC Youth Soccer Association
Attn: Registration
PO Box 29308, Greensboro, NC 27429
(phone) 336.856.7529 (fax) 336.856.0204