



25 Omega Drive,  
Suite 220  
Williston, VT 05495

## GUEST PLAYER FORM

**Affiliated with the United States  
Soccer Federation and US Youth  
Soccer Association**

[www.vermontsoccer.org](http://www.vermontsoccer.org)

**Player Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Registered Team:** \_\_\_\_\_ **Pass #** \_\_\_\_\_

1. Vermont Soccer Association allows the use of guest players as specified by the rules of competition of the tournament or hosting organization.
2. Guest players may practice with the team on which they are a guest player **ONLY** if the dates for the practices are included on the guest player form signed by the guest player's registered club authorized representative. Violators of this rule are subject to discipline.
3. Guest playing is at the discretion of the primary registered club, and the club is under no obligation to authorize guest play.
4. Players who guest play shall not be allowed to transfer to the team or affiliate with whom he/she has been a guest player for the remainder of the seasonal year unless written permission is granted by the original affiliate.

### **GUEST PLAYER REQUEST (List only one tournament per form)**

**Tournament or Event Name:** \_\_\_\_\_

**Tournament Starting Date:** \_\_\_\_\_ **Tournament Ending Date:** \_\_\_\_\_

**Dates of Practice before tournament or event:** \_\_\_\_\_

**Team Guest Playing for:** \_\_\_\_\_

**Borrowing Team Coach or Club Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

(By submitting this Guest Player Form to Vermont Soccer Association I, the Borrowing Team Coach, hereby certify that I have obtained written permission from the Guest Player's VSA/USYSA currently registered team coach (Lending Coach) for use of the Guest player for the activity listed herein and have obtained approval from the Vermont Soccer Association to travel to the USYS sanctioned tournament. I further attest that I am in compliance with Vermont Soccer Association policies, procedures, rules and requirements and that the information provided by me is correct. I understand that false, misleading or inaccurate information and/or noncompliance with VSA rules and procedures will result in the Guest Player's VSA insurance coverage being voided and I being placed in bad standing with Vermont Soccer Association.

**Lending Team Coach or Club Coordinator** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**State Association Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_