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Permission to Play Form

NAME (print) _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE – Player _____ PHONE _____

SIGNATURE – Parent _____ PHONE _____

PLAYER PERMISSION TO PLAY IN ANOTHER STATE ASSOCIATION

TEAM PERMISSION TO PLAY IN A LEAGUE OUTSIDE STATE BOUNDARIES

TEAM: COACH:

LEAGUE:

**PLAYERS – I AM DECLARING _____ TEASM AS MY PRIMARY
NATIONAL CHAMPIONSHIP SERIES TEAM**

PLAYER SIGNATURE: _____ DATE: _____

**TEAM: _____ WILL PLAY THE NATIONAL
CHAMPIONSHIP SERIES – IN _____ (State) National State Association**

APPROVE BY PA WEST SOCCER

OTHER STATE ASSOCIATION APPROVED BY

STATE ASSOC. _____

SIGNATURE _____

SIGNATURE _____

NAME (print) _____

NAME (print) _____

TITLE _____

TITLE _____

DATE _____

DATE _____