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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 \_\_\_\_\_ TEAM 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 \_\_\_\_\_