

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

Player Name (Print)	USYSA #	Birthdate

Manager/Coach Signature: _____ Date: _____