

EAST HUDSON YOUTH SOCCER LEAGUE, INC.

MEMBER OF E.N.Y.Y.S.A.
AFFILIATED WITH U.S.Y.S.A.

407 Route 6
MAHOPAC, NEW YORK 10541

(845) 621-0112
FAX (845) 621-0114

email: soccer@ehysl.org
web: www.ehysl.org

Guest Player Release Form

Player's Name: _____

Player's ID Number: _____

Player's Date of Birth: _____

Tournament Attending: _____

Tournament Dates: _____

Team of Record: _____

Coach of Record Signature: _____

Borrowing Team: _____

Borrowing Coach Signature: _____

League Registrars Stamp: _____

Approval Date: _____

The borrowing coach/team must file this form before a player is used as a guest player in a tournament. Teams failing to follow these procedures are subject to sanctions including fines and suspension.

If you fax this form to the office please note a return fax number here:
