



Seasonal Year \_\_\_\_\_ / \_\_\_\_\_

Fall

Spring

## Brazosport Youth Soccer Association

### Competitive Soccer Player Exemption Form

**Please type or print neatly. All information must be completed prior to the transaction being processed.**

**PLAYER INFORMATION: ID # \_\_\_\_\_ Date of Birth: \_\_\_\_\_**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

### **EXEMPTING TEAM:**

Coaches Name: \_\_\_\_\_ Coaches' Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Club Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Team Code: \_\_\_\_\_

**By signing this form, the player fully understands that he/she will have to play for the above team/coach and he/she will not be able to move to a different team during the 2018-2019 season unless approved by the BYSA Competitive Committee.**

**By signing this form, the coach fully understands that he/she will have to include the above player to his/her team during the 2018-2019 season and he/she will not be able to release him/her unless approved by the BYSA Competitive Committee.**