



Brazosport Youth Soccer Association

Competitive Soccer Player Exemption Form

Fall Spring

2020 – 2021 Soccer Season

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:	TX	Zip Code		
Player Signature:										
Parent / Guardian Signature:										

Coaches Name:						Phone #:			
Coaches' Signature:									
Club Name:					Team Name:				
Team Code:				Playing Level:					

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 2019-2020 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 2019-2020 season and he/she will not be able to release him/her unless approved by the BYSA Competitive Committee.