



Washington State Youth Soccer Association - WSYSA

33710 Ninth Avenue S., Suite 8
Federal Way, Washington 98003
(253) 476-2237

DOMESTIC TRAVEL OUTSIDE WASHINGTON STATE

All teams traveling outside Washington State (but within the United States) must carry the following documents with them:

- An Approved Application for Travel
- An official roster that includes the names of all traveling players and team officials, signed and/or stamped by the appropriate registrar.
- Player passes
- Approved and Notarized Medical Release forms for each player, signed by his or her parent or legal guardian.

This packet contains the forms that must be properly completed and approved prior to traveling in the United States outside of Washington State. Completed packets may be submitted by mail or dropped off at the WSYSA office. In order to be processed, each form must be completed in its entirety. Information must be printed or typed; illegible applications will be returned unprocessed. Any forms with incorrect or incomplete data will be returned to the team without any action.

WSYSA is not required to accept or approve any travel application that is submitted (received by WSYSA) less than thirty (30) days prior to the tournament. Travel papers will not be accepted seven days or less prior to any out-of state tournaments without approval from the Executive Director. To avoid processing problems, send completed travel packets as soon as you enter a tournament, whether or not you have been accepted.

INCLUDE IN YOUR SUBMITTED DOMESTIC TRAVEL PACKET:

Completed Application for Travel (original)

Per WSYSA Rule 208, any team desiring to travel outside the jurisdiction of this Association must submit a properly completed "Application for Travel" form to WSYSA. The information on this form is used to determine that the activity is a sanctioned event so that Washington teams will be covered by insurance. In addition, it is determined whether standard WSYSA player fees and association or club fees are owed prior to travel.

❑ Completed Roster signed by the Association Registrar (original)

The Member Association Registrar, who is responsible for the content and accuracy of the data, must sign the roster. Rosters must be originals, with the signatures of all players who will be traveling. Players' names must be listed in alphabetical order by last name, with complete first and last names. Coaches and Managers must include their birth date and their Risk Management Acceptance Identification Number for verification purposes. Photocopied rosters cannot be accepted. WSYSA will allow roster changes up to seven days prior to travel.

❑ Guest Player Forms

During the seasonal year, WSYSA will approve travel applications of teams with guest players if completed guest player forms are also submitted. The soccer year runs from September 1 of one year to August 31 of the next. Insurance coverage is based on these dates. If a team for next season is formed entirely from players registered during the current seasonal year, all players are still covered by insurance. Guest player forms are not required during the OPEN PERIOD. While in the OPEN PERIOD, registered players may try out or play for new or existing teams without a transfer. Previously released, unregistered, or new players making a team and wanting to practice and play with a team for the remainder of the season must be registered with WSYSA. Copies of the Guest Player Form are accepted. Be aware that most tournaments will only allow "three" guest players per tournament; please check the tournament rules.

❑ Copy of Risk Management Acceptance Letter

In compliance with Rule 216.3, all coaches, assistants and managers must have on file with WSYSA a completed Risk Management Acceptance Letter. Please include your Risk Management Acceptance Identification Number (not the expiration date) on the team roster. Applications will be returned if Risk Management Acceptance Identification Numbers are not provided.

❑ Copy of approved Application to Host a Tournament

This document can be obtained from the Tournament Director of the competition in which you wish to participate.

❑ Request for player passes, as required by host state or tournament

Some tournaments, states and USYSA require player passes, formerly player cards, for out-of state travel. Teams that normally use player passes must request them along with their application to travel. A fee of \$1.00 per card will be assessed. Pictures and card lamination will be the team's responsibility. For summer tournaments (OPEN PERIOD), players do not need new player passes. Use player passes from the previous season, even if from a different team. WSYSA will provide a letter to your coach approving pre-season summer play in the tournament, based on the attached roster, explaining that some players passes may have different team numbers and team ID numbers.

❑ Approved and Notarized Medical Release forms for each player signed by his or her parent or legal guardian.

These do not require approval from WSYSA, but are a vital part of your Travel packet. A sample medical release has been provided for your convenience. To be valid, Medical Release forms must be notarized. It is **not** necessary to provide copies with your application.

❑ Checks to cover late fees

In accordance with USYSA policies we will process late applications and roster changes and charge late fees as follows:

- Received less than thirty (30) days but more than fourteen (14) days prior to travel -\$20.00 late fee.
- Received less than fourteen (14) days but more than seven (7) days prior to travel -\$50.00 late fee.
- Received less than seven (7) days but more than 48 hours prior to travel - \$250.00 late fee with approval from the Executive Director.
- Roster changes submitted with less than seven days but more than 48 hours will be subject to a \$50.00 late fee with approval from the Executive Director.

IF YOU HAVE QUESTIONS OR CONCERNS REGARDING THESE FORMS, PLEASE CONTACT MARY AT THE WSYSA OFFICE (mary@wsysa.com).

U S Youth Soccer

A Proud Member of U S Soccer

Affiliated with the Federation Internationale de Football Association

Please Type or Print Clearly - Do Not Staple

Please Type or Print Clearly - Do Not Staple

APPLICATION FOR TRAVEL

Everyone requesting permission to travel **must** fill out this section

Team Name _____ Age Division U-____ Type of Team (see reverse side)____ B / G (circle one)

League/Home Association _____ State Association _____

Team Manager/Coach _____ Telephone(____) _____ - _____ W

Address _____ (____) _____ - _____ H

City _____ State _____ Zip code _____ (____) _____ - _____ FAX

I hereby state that during the dates below, the team has no playing commitments at home. All players are fully insured to cover them against injuries sustained on the field and during transportation. If I am traveling outside of North America, I have enclosed my check payable to U S Soccer.

Signature of Team Manager/Coach _____ Date _____

Travel to a TOURNAMENT

If you are requesting permission to travel to a Tournament, you **must** fill out this section.

We request approval to play in the _____ Tournament, to be

held in _____, during the dates of _____ (A copy of the approved Hosting Agreement and/or official brochure for this Tournament **must** be attached.)

Tournament Director/Contact Person _____ Telephone (____) _____ W

Address _____ (____) _____ H

City _____ State _____ Zip _____ Cntry _____ FAX _____

Travel to participate in GAMES

If you are requesting permission to travel to participate in games you **must** complete this section.

We hereby request permission to engage in games between the dates of _____ to _____ in the following locations (attach a separate sheet, if necessary, for additional information/official letter of invitation from host **must** be attached):

OPPONENT	CITY	STATE/COUNTRY
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1.

2.

3.

Host Organization _____

Contact Person _____ Telephone _____ W

Address _____ H

City _____ State _____ Zip _____ Cntry _____ FAX _____

APPROVAL

(for official use only)

STATE ASSOCIATION

US YOUTH SOCCER

By _____

By _____

Title _____

Title _____

Date _____

Date _____

In granting this permission to travel, neither US Youth Soccer, U S Soccer nor the State Association shall be liable for transportation, lodging or injury to persons or property sustained in the course of the sanctioned event.

DISTRIBUTION: White - Coach / Canary - National State Association / Pink - Host National State Association (USSF if foreign travel) / Gold - U S YOUTH SOCCER

(ONLY if foreign travel)

FORM 1001(REV 8/99)

PROCEDURES FOR TRAVELING WITHIN NORTH AMERICA (United States, Canada and Mexico)

No later than thirty (30) days in advance of your departure date, submit to your National State Association for approval:

- 1. a completed Application for Travel (must be the original - NO FAXES), incomplete applications will be returned;
2. an official Roster which includes all traveling players and team officials, signed and/or stamped by the appropriate registrar;
3. a copy of the approved Application to Host a Tournament or Games for the competition in which you wish to participate;
4. fees (if any) required by the National State Association for processing.

The National State Association is not required to approve any application submitted less than thirty (30) days in advance. If an application is submitted less than thirty (30) days in advance, late fees may be charged by the National State Association.

Consult with your National State Association for their specific policies and fees.

PROCEDURES FOR FOREIGN TRAVEL (Outside of the United States, Canada and Mexico)

No later than ninety (90) days prior to your departure date, submit to your National State Association for approval:

- 1. a completed Application for Travel (must be the original - NO FAXES), incomplete applications will be returned;
2. a copy of the official brochure, pamphlet, invitation or other applicable material of the Tournament or Games host;
3. four (4) copies of the official Roster which includes all players and team officials, signed and/or stamped by the appropriate registrar;
4. checks for the following travel processing fees:
a. \$25 made payable to U.S. Soccer;
b. fees (if any) charged by the National State Association;
c. any applicable U.S. Youth Soccer late fees.

Forms submitted without all applicable processing fees will be returned.

The National State Association is not required to approve any application submitted less than ninety (90) days in advance. If an application is submitted less than ninety (90) days in advance, late fees may be charged by the National State Association.

Consult with your National State Association for their specific policies and fees.

After ensuring that your team or organization is in good standing, the National State Association will forward these documents to U.S. Youth Soccer for approval. After approval, a copy of the approved application will be returned to the National State Association and to your team coach or manager. U.S. Youth Soccer will file all applicable fees and documents with U.S. Soccer, which will then notify the national association in the country or countries to which your team is traveling that your team is properly affiliated and has permission to travel.

U.S. Youth Soccer is not required to accept or approve any application submitted less than sixty (60) days in advance. If an application is submitted less than sixty (60) days in advance of your desired travel dates, the following non-refundable late fees must be enclosed, made payable to U.S. Youth Soccer.

- 1. less than sixty (60) days but more than thirty (30) days - \$25.00;
2. less than thirty (30) days - \$50.00

RECOMMENDED DEFINITIONS OF TEAMS (place corresponding letter in appropriate space on application)

- A INTRA-CLUB TOURNAMENT TEAM a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes only players who are members of one club.
B INTER-CLUB TOURNAMENT TEAM a team which is put together for the sole purpose of playing in a tournament or other sanctioned non-league competition, whose roster includes players who are members of more than one club.
C RECREATIONAL TEAM a team which participates in a RECREATIONAL LEAGUE.
D RECREATIONAL PLUS TEAM a team which participates in a RECREATIONAL PLUS LEAGUE.
E RECREATIONAL ALL-STAR TEAM an INTRA-CLUB TOURNAMENT TEAM whose roster only includes players selected from teams which participate in the same RECREATIONAL or RECREATIONAL PLUS LEAGUE.
F CLASSIC TEAM a team which participates in a CLASSIC LEAGUE.
G LEAGUE TEAM a team which participates in regularly scheduled league play.
H PREMIER TEAM a team which participates in a PREMIER LEAGUE.
I SELECT TEAM the official SELECT (all-star) TEAM of U.S. Youth Soccer member National State Associations or any district or geographical sub-divisions thereof, or any league
J OTHER attached description of team if it does not fit any of the above definitions



Washington State Youth Soccer Association, - WSYSA



Name of Association _____ Name of Team _____ Age Group U _____ Boys/Girls
 Name of Coach _____ DOB _____ RMA ID# _____ Telephone _____
 Assistant Coach _____ DOB _____ RMA ID# _____ Telephone _____
 Assistant Coach _____ DOB _____ RMA ID# _____ Telephone _____
 Contact Person _____ DOB _____ RMA ID# _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
 Colors: Jersey _____ Shorts _____ Socks _____ Alt. Jersey _____

LIST PLAYERS IN ALPHABETICAL ORDER BY LAST NAME FIRST - PRINT OR TYPE ONLY

PLAYER	SIGNATURE	TEAM ID#	BIRTHDATE	GUEST PLAYERS
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

I hereby certify that the above information is true and correct.

Signature of Association Registrar

Date

Signature of State Officer and Title

Date



GUEST PLAYER FORM

Important Information: Those teams wishing to "borrow" a player for non-league and non-state cup play, may do so only if:

- The guest player form is completely filled out and has been signed by both coaches.
- While on loan to another team, the player may not compete with the team from which the player was loaned.

Player Information & Approval:

(Players Name) _____ (Date of Birth)

(Street Address) _____ (City) _____ (Zip) _____ (Phone)

(Player Signature) _____ (Date)

(Parent or Guardian Signature) _____ (Date)

Teams Information & Approval:

Guest to: Team
Name: _____ # _____

Requested by: _____ Date: _____
(Coach Signature)

Guest from: Team
Name: _____ # _____

Approved by: _____ Date: _____
(Coach Signature)

Guest Player will participate in:

Tournament:
Name _____
Location: _____
Dates Tournaments: _____ to _____ inclusive

Game Dates
Date _____ Opponent: _____
Date _____ Opponent: _____
Date _____ Opponent: _____

Association Register
Signature _____ Telephone _____

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____/_____/_____ Date of last Tetanus Booster _____/_____/_____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone () _____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone _____ H _____ W _____ FAX _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone _____ H _____ W _____ FAX _____

Person to notify if parent/guardian is unavailable _____

Phone _____ H _____ W _____ FAX _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 19____.

Notary Public in and for the State of _____

Commission expires _____



Washington State Youth Soccer Association
Washington State Patrol WATCH Program
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 through 43.43.845

Information Request Release form for:

WSYSA Risk Management
P.O. Box 1430
Silverdale, WA 98383-1430

WSYSA Association Name

I certify this request is made pursuant to and for the purpose of obtaining information allowed to employers by the above-cited RCW and that this information will be used only for making the decision to hire or allow the applicant to act as a WSYSA volunteer, and for no other purpose. If the information supplied below is insufficient to confirm applicant's identity, applicant will be supplied another release form for a more detailed records check.

President, WSYSA

APPLICANT OF INQUIRY

Applicant's Name _____
Last First Middle
(PLEASE PRINT FULL LEGAL NAME)

Alias/Maiden Name _____

Date of Birth: _____ Sex: _____ Race: _____

Social Security Number: _____ Driver's License #/State: _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

CRIMES AGAINST PERSONS:

Murder; Kidnapping; Assault; Assault of a child: Custodial assault; Harassment; Stalking; Reckless endangerment; Coercion; Rape; Rape of a child; Robbery; First degree arson; First degree burglary; Residential burglary; Manslaughter; Extortion; Indecent liberties; Incest; Vehicular homicide; Vehicular assault; Promoting prostitution; Communication with a minor for unlawful purposes; Unlawful imprisonment; Sexual exploitation of minors; Criminal mistreatment; Child abuse or neglect as defined in RCW 26.44.020; Custodial interference; Child molestation; Sexual misconduct with a minor; Patronizing a juvenile prostitute; Child abandonment; Promoting pornography; Selling or distributing erotic material to a minor; Violation of child abuse restraining order; Child buying or selling; Prostitution; Felony indecent exposure; etc.

CRIMES AGAINST PROPERTY:

Theft of money; Auto theft; Fraud; Perjury; Second degree burglary; Vehicle prowling; Possession of stolen property; Criminal trespass; Arson; etc.

DRUG-RELATED CRIMES:

'Crimes relating to drugs' means a conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date

Signature of Applicant/Volunteer

Please complete and sign the opposite side of this form prior to mailing to the address above.



WSYSA Risk Management
P. O. Box 1430
Silverdale, WA 98383-1430

Employment/Volunteer Application and Disclosure Statement

I understand that my employment/volunteer position with WSYSA is contingent upon WSYSA's review and approval of a truthfully completed and signed Application/Disclosure Statement and receipt of a report declaring no evidence of criminal history from the Washington State Patrol. I further understand that if I am hired or permitted to volunteer, I may be discharged for any misrepresentation or omission on the Application/Disclosure Statement or the Request for Criminal History.

NAME: _____ **WSYSA Risk Management ID#:** _____
Last First Middle
(PLEASE PRINT FULL LEGAL NAME)

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: Home (____) _____ **SOCIAL SECURITY #:** _____
Work (____) _____ **DATE OF BIRTH:** _____

TITLE/POSITION: _____ **ASSOCIATION:** _____ **DISTRICT:** _____
(In Soccer)

HAVE YOU EVER BEEN:

1. Convicted of any crimes against persons (as listed on the reverse side of the Application/Disclosure Statement)?
NO _____ YES _____
2. Found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?
NO _____ YES _____
3. Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?
NO _____ YES _____
4. Found in any final decisions issued by a disciplinary board (or the director of the Washington State Department of Licensing) to have sexually abused or exploited any minor or to have physically abused any minor?
NO _____ YES _____
5. Convicted of any crimes against property (as listed on the reverse side of this Application/Disclosure Statement)?
NO _____ YES _____
6. Convicted of any crimes related to drugs as defined in RCW 43.43.830 (see listing on reverse side)?
NO _____ YES _____

Answering YES to any of the above inquiries will not necessarily disqualify you from employment or volunteering at WSYSA, but will require WSYSA to make further inquiries before you will be permitted to begin your activities on its behalf.

You will be requested to complete a WSYSA Washington State Patrol REQUEST FOR CRIMINAL HISTORY authorized by the CHILD/ADULT ABUSE INFORMATION ACT. The request will permit WSYSA, pursuant to RCW 43.43.838, to obtain a report of your criminal convictions; disciplinary board final decisions and subsequent criminal charges associated with the disciplinary board's final decision; and the record of civic adjudication pertaining to offenses against children. If there is no such history on record with the Washington State Patrol or Federal Bureau of Investigation, you will receive a notice entitled 'IDENTIFICATION DECLARING NO EVIDENCE.' If there is such a record, we will immediately notify you. WSYSA will use the report only for the purpose of making its decision whether to hire you or to permit you to act as a WSYSA volunteer, and for no other purpose.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date Signature of Applicant/Volunteer

Please complete and sign the opposite side of this form prior to mailing to the address above.