U.S. Soccer Federation
Proof of Entry Prior to 12 Years of Age
Submission Form

MALE ☐
FEMALE ☐

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

Player's Last Name | First Name | Middle Initial

Mother's Maiden Name | First Name | Middle Initial

Father's Last Name | First Name | Middle Initial

Current United States Address | City | State | Zip

E-mail Address | Home Phone Number ( ) - | Mobile Phone Number ( ) -

Date of Birth (mm/dd/yyyy) / /

Place of Birth (City & State) | Country | Citizenship

B. SUBMISSION INFORMATION (Must be completed)

Type of Documentation Provided

Club Wishing to Participate With | League/State Association

Please complete and submit this form either by fax, e-mail or mail to:

Florida Youth Soccer Association
7201 Lake Ellenor Drive, Suite 200
Orlando, FL 32809
Fax: 407-852-6771
bc@fysa.com (along with the birth certificate)