

# EAST HUDSON YOUTH SOCCER LEAGUE, INC.

MEMBER OF E.N.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 FOR USE IN TOURNAMENTS ONLY

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:**

\_\_\_\_\_