



**KANSAS STATE YOUTH SOCCER ASSOCIATION (KSYSA)
RELEASE FOR PLAYER TO ATTEND PRACTICE/TRYOUTS**



I, _____, manager/coach of the _____
team, do hereby give my permission for the following player(s) to attend:

Check one: () Practice () Tryouts

for the _____ team, coached by _____.
(Coach's name)

PLAYERS REQUESTING RELEASE FOR PRACTICE/TRYOUTS

Players Name (<i>Print</i>)	KSYSA US Youth Soccer ID #	Date of Birth

Effective Dates: Beginning _____ Ending _____

Manager/Coach Signature: _____ Date: _____

League Registrar Signature: _____ Date: _____