Form WV-4/02

United States Soccer Federation, Inc.
International Clearance
Waiver Form

Please Print or Type Clearly

Player's Last Name _____ First Name _____ Middle Initial _____

Current U.S. Address _____ City _____ State _____ Zip _____

Place of Birth _____
City Country/State

Birth Date ____/____/____
Month Day Year

I, _____, do hereby state as follows:

- Are you 11 years of age or younger? Yes___ No___
- Are you 17 years of age or older? Yes___ No___
- Have you signed a contract with a professional team? Yes___ No___
- Have you received any money or other remuneration for playing soccer? Yes___ No___

If you have answered all 4 of the above questions "No", and are not coming to the United States to play in a tournament or friendly game and then return to your native country, you qualify for a waiver. If you qualify for a waiver, submit this form, signed by all parties. If you do not qualify for a waiver, an International Clearance Request form must be submitted.

By executing this form, I hereby represent that the information contained herein is true and correct.

By: _____ _____
Signature of Player Date

By: _____ _____
Signature of Parent or Guardian Date

By: _____ _____
Signature of State Association Official Date

Please complete and submit this form along with application fee of $10.00 by mail to:

U.S. Soccer Federation
Attn: Federation Services Department
1801 South Prairie Avenue
Chicago, IL 60616
312-808-1300
312-808-9263 Fax