



Missouri Intra-Club Guest Player Form

This document is only valid for guest players between teams that are within the same competitive club.

This document must be signed by both coaches to be valid and be accompanied by the USYS Player Pass and a signed copy of the player's Medical Waiver & Liability Form. This form only applies to Primary Roster Players

| Player Name | Player ID Number | Name of Primary Team Rostered | Player Gender/Date of Birth |
|-------------|------------------|-------------------------------|-----------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |
| 4) | | | |

Name of Event Participating: _____ Dates: ____/____/____ to ____/____/____

Loaning Head Coach Name: _____ (print) Signature: _____ Date ____/____/____

Guest Head Coach Name: _____ (print) Signature: _____ Date ____/____/____

Authorization to Guest Play may only be granted by the Primary Team Head Coach & is only valid on the dates provided above.