

# The 2018 Boston Pizza Players Tournament

## GUEST PLAYER FORM



### PART 1: TO BE COMPLETED BY THE PLAYER

I, \_\_\_\_\_ (player's name) hereby request permission from the Under \_\_\_\_\_ Boys/ Girls (circle one) \_\_\_\_\_

(The team you are currently registered with), which I am a registered player, to participate in the

**2018 BP PLAYERS TOURNAMENT** with the Under \_\_\_\_\_ Boys/ Girls (circle one)

\_\_\_\_\_ (team name & age of team you are guesting with).

### PART 2: TO BE COMPLETED BY THE PARENT/GUARDIAN OF THE PLAYER

Parent / Guardian Name (Print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART 3: TO BE COMPLETED BY THE TEAM COACH RELEASING THE PLAYER (PLAYERS CURRENT TEAM)

Coach Name (Print): \_\_\_\_\_

Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART 4: TO BE COMPLETED BY THE RELEASING DISTRICT / CLUB

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PART 5: TO BE COMPLETED BY THE WINNIPEG YOUTH SOCCER ASSOCIATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_



ALL GUEST PLAYER RELEASE FORMS MUST BE SUBMITTED  
TO THE WYSA OFFICE BY FRIDAY, MAY 25<sup>TH</sup> 2018  
Email to: [events@winnipegyouthsoccer.com](mailto:events@winnipegyouthsoccer.com) or  
fax to 204-233-9121



ALL TEAMS MUST HAVE THEIR WYSA APPROVED GUEST PLAYER FORM(S) AT ALL MATCHES