

The 2024 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

2022 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
WEDNESDAY, MAY 22nd, 2024
Email to: events@wpgsoccer.com



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