

US Youth Soccer
Region IV
PUBLICATION RELEASE FORM

I, _____, as the parent or legal guardian of _____
(Print name of parent or legal guardian) (Print name of youth player)

herby authorize US Youth Soccer and it's members to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name; photograph; address; telephone number; team, registration and playing statistics; college plans; and availability.

X _____ (Date)

Please print the following:

NAME OF YOUTH PLAYER _____

ADDRESS _____

CITY/STATE/ZIP _____

EMAIL ADDRESS _____

HOME ADDRESS _____ WORK PHONE _____

TEAM NAME _____

STATE ASSOCIATION _____

AGE GROUP (birth year) _____ Circle: BOYS or GIRLS