

# KENTUCKY YOUTH SOCCER ASSOCIATION



## Kentucky American Cup – GUEST PLAYER FORM

| TOURNAMENT TEAM/COACH INFORMATION   |             |  |                            |
|---|-------------|--|----------------------------|
| Team Name:  |             | Team Gender/Age Group:                       |                            |
| Head Coach Name:  |             | Head Coach Email Address:                    |                            |
| REQUESTOR INFORMATION   |             |  |                            |
| Requestor Name:   |             | Requestor Role (i.e. Coach, Registrar, etc.) |                            |
| Requestor Email:  |             | Requestor Phone:                             |                            |
| GUEST PLAYERS   |             |  |                            |
|   | PLAYER NAME | DATE OF BIRTH                                | PLAYER'S CURRENT TEAM NAME |
| 1   |             |  |                            |
| 2   |             |  |                            |
| 3   |             |  |                            |
| <p>I understand that if any of the above information is inaccurate, incorrect, or false, that the Kentucky Youth Soccer Association may take disciplinary action towards the head coach and/team administrator and/the described team.</p> <p>Coach Signature: _____</p> <p>Kentucky Youth Soccer Approval:</p> |             |  |                            |