



## AMSL Youth Trialist Form

1. Completed form must be signed by all parties and submitted to ASA Administrator prior to kick off of the first AMSL game the player participates in.
2. The player must be identified with a 'Y' on game sheets.

<b>Player Name (PRINT)</b>			
<b>Date of Birth (dd/mm/yyyy)</b>			<b>Player Card #</b>
<b>Youth Club</b>			
<b>Program</b>	EMSA	EIYSA	CMSA
	OTHER (SPECIFY):		

**\*We hereby give permission for the player noted above to play as a trialist for the Alberta Major Soccer League for the 2017 season.**

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

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

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

Youth Team Official/Club Rep Name (PRINT) \_\_\_\_\_

Youth Team Official/Club Rep Signature: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Specific games may be excluded at the discretion of the youth club when there are conflicts with youth team commitments.**

**\*For all games where a youth trialist is used, permission must be received electronically from the player's club or coach by the team using the trialist prior to kick off. Proof of permission must be provided to ASA upon request.**