

2024 WYSA PRAIRIE SHOWCASE 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
2024 WYSA PRAIRIE SHOWCASE 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: _____

ALL GUEST PLAYER RELEASE FORMS MUST BE SUBMITTED TO THE WYSA OFFICE BY OCTOBER 16, 2024

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