



**U.S. Soccer Federation
International Clearance Request Form
(ITC 5-11)**

A. BIOGRAPHICAL INFORMATION (Type or print clearly)

_____ Player's Last Name	_____ First Name	_____ Middle Initial	
_____ Mother's Maiden Name	_____ First Name	_____ Middle Initial	
_____ Father's Last Name	_____ First Name	_____ Middle Initial	
_____ Most Recent United States Address	_____ City	_____ State	_____ Zip Code
_____ E-mail Address	_____ Primary Phone Number		
Date of Birth	_____ Month Day Year	Gender	Male / Female
_____ Country of Birth	_____ Country of Citizenship		

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE
(This section **MUST** be completed or the application will **NOT** be processed)

_____ Last Foreign Club Participated	_____ State/Country	_____ League
Date of Last Game	_____ Month Day Year	_____ Professional/Amateur
_____ Club Wishing to Participate With	_____ State/Country	_____ League

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under a professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of Federation Internationale de Football Association.

_____ Signature of Player	_____ Date: Month Day Year
_____ Signature of Parent or Guardian (Required for any player under the age of 18)	_____ Date: Month Day Year

Please complete and submit this form by mail, e-mail or fax to:

SC Youth Soccer
7436 Broad River Road
Bldg. 2, Suite 211
Irmo, SC 29063
Fax: 803-749-4352
scysa@scysa.org