

THIS FORM IS ONLY REQUIRED FOR THOSE PLAYERS THAT ARE IN HIGH SCHOOL AND PLAYING SOCCER DURING THE JULY 15 – JANUARY 15 TIME PERIOD.



Nevada Youth Soccer Association
 Northern Nevada Olympic Development Program
RELEASE AND APPROVAL

STUDENT’S NAME: _____

STUDENT’S ADDRESS: _____

SCHOOL ATTENDING: _____

PRINCIPAL’S NAME: _____

I, _____, am requesting permission to participate in practices and games for the purpose of being evaluated and assessed for my possible advancement to State ODP, Region ODP and/or National soccer teams of US Youth Soccer and US Soccer Federation. These games or practices will be held from July 15th – January 15th. (schedule listed below)

I acknowledge that I understand and agree to abide by all rules of the school policies regarding such participation.

 Student’s signature Date Parent’s signature Date

 Principal’s signature Date

Date	Event	Time	Location
11/04/18	Pool Training (Gender/Year Specific)	To Be Determined	Sparks, NV
11/18/18	Pool Training (Gender/Year Specific)	To Be Determined	Sparks, NV
12/08/18	Friendly Matches	To Be Determined	Reno, NV
12/09/18	Friendly Matches	To Be Determined	Reno, NV
1/4 – 1/7/2019	ODP Regional Championships	Region IV to Schedule	Phoenix, Arizona