

LOUISIANA SOCCER ASSOCIATION
475 Gardere Lane, Baton Rouge, LA 70820
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NOTIFICATION OF NON-US YOUTH SOCCER TRAVEL

This Notification is only required if your team is going to participate and compete in a tournament or games not approved by US Youth Soccer or any of its State Associations, LSA requires notification of your intent to travel. LSA will provide its teams with insurance coverage of the event listed below but reserves the right to refuse coverage for subsequent events by your team during the soccer year should your team abuse this privilege. Please make sure that you inform the players on the team and their parents that the tournament or game(s) have not been approved by US Youth Soccer or your Louisiana Soccer Association; the rules of another organization will govern the competition; US Youth Soccer and our state association do not have any control or supervision over the tournament or games or its participants; and certain benefits of Louisiana Soccer Association and US Youth Soccer will not be available to you, which may include no insurance coverage of the State Association's insurance policy does not provide coverage.

Team Name _____ Age Group U- _____ Type of Team _____ B/G (circle one)

League or Home Association _____ State Association _____

Team Manager or Coach _____ Work Phone () _____

Address _____ Email _____ Home Phone () _____

City _____ State _____ Zip Code _____ Cell Phone () _____

We are traveling to _____ on the following dates _____

in order to compete with the following teams or in the following tournament or games _____

This event has been approved by _____
 (Governing Body)

DEADLINE TO RETURN TO LSA OFFICE – Three (3) Weeks prior to the first day of travel.

ALL MEMBERS OF US YOUTH SOCCER AND THE LOUISIANA SOCCER ASSOCIATION ARE FREE TO PARTICIPATE IN ANY NON-US YOUTH SOCCER TOURNAMENT OR GAMES. IF YOUR TEAM IS TRAVELING TO PARTICIPATE IN A NON-US YOUTH SOCCER TOURNAMENT OR GAME AND YOUR STATE ASSOCIATIONS REQUIRES NOTIFICATION, YOU NEED GO NO FURTHER THAN TO COMPLETE AND SUBMIT THIS FORM. WHILE THE STATE ASSOCIATION MAY ACKNOWLEDGE RECEIPT OF THIS FORM, THAT IS NOT NECESSARY FOR YOU AND YOUR TEAMS TO PARTICIPATE IN THE TOURNAMENT OR GAME.

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| For Office Use Only | | |
| Date Received _____ | Fee Received _____ | By _____ |
| Date Rosters/Passes Sent _____ | By _____ | |