



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.

Player Name (PRINT)			
Date of Birth (dd/mm/yyyy)			Player Card #
Youth Club			
Program	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 2019 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.**