



## SECONDARY PERMISSION PLAYER STATUS FORM

Player Name \_\_\_\_\_ Primary Pass # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Address (Street, Town, State, Zip) \_\_\_\_\_

### Required Signatures

Signature – Parent \_\_\_\_\_  
Primary Team \_\_\_\_\_ Age \_\_\_\_\_ League \_\_\_\_\_  
Signature – Primary Team Coach \_\_\_\_\_ Date \_\_\_\_\_  
Email – Primary Team Coach \_\_\_\_\_

Secondary Team \_\_\_\_\_ Age \_\_\_\_\_ League \_\_\_\_\_  
Signature – Secondary Team Coach \_\_\_\_\_ Date \_\_\_\_\_  
Email – Secondary Team Coach \_\_\_\_\_

EDP Approval \_\_\_\_\_ Date \_\_\_\_\_

Copy of Primary Player Pass

### FORM INSTRUCTIONS

1. Complete each field in the entirety.
2. Email completed document to [jade\\_jacobs@edpsoccer.com](mailto:jade_jacobs@edpsoccer.com)
3. League will determine eligibility and will provide the form back to the team.
4. Be advised, this secondary permission is only eligible for EDP sanctioned league games.
5. Players are responsible to play for their primary team in the event of a conflict.
6. This form is to be handed in during check in with all player passes and rosters