

2019



US Youth Soccer  
**Region IV**  
PUBLICATION RELEASE FORM

I, \_\_\_\_\_, as the parent or legal guardian of \_\_\_\_\_  
(Print name of parent or legal guardian) (Print name of youth player)

hereby authorize US Youth Soccer and it's members to publicize through print, broadcast, electronic media, or any other means of communication, detailed information about the youth player, which might include some or all of the following identification information: name; photograph; address; telephone number; team, registration and playing statistics; college plans; and availability.

X \_\_\_\_\_ (Date)

*Please print the following:*

NAME OF YOUTH PLAYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ODP TEAM NAME \_\_\_\_\_

STATE ASSOCIATION \_\_\_\_\_

AGE GROUP (birth year) \_\_\_\_\_ Circle: BOYS or GIRLS