



GREATER EDMONTON SOCCER LEAGUE TRIALIST PERMISSION FORM



**MUST BE GIVEN TO THE REFEREE PRIOR TO THE START OF MATCH AND THEN SENT TO
THE APPROPRIATE OFFICE BY THE HOME TEAM WITH THE GAME SHEETS.**

(U15 teams to EMSA Office/ U17 Tier 1 & 2 to EIYSA Office)

PLAYER'S FIRST & LAST NAME:	
PLAYERS ID CARD #:	
DATE OF BIRTH:	
CLUB NAME:	
Age Group, Gender & Tier: (player currently registered with)	
Coach's First & Last Name: (player currently registered with)	
Age Group, Gender & Tier: (player is playing as a Trialist for)	
Coach's First & Last Name: (player is playing as a Trialist for)	
Indicate number of times this player has been a Trialist with this team	1 2 3 4 5 (max. 5 times use)

I, _____ (signature of current team Coach/Manager)

hereby give permission to _____ (players name)

to play as a Trialist for _____ (team Age group & Tier)

on _____ (match date).

By signing above, the team official of the team that the player is currently registered with has given permission for the above player to play as a Trilaist on the above mentioned team.

Please note any team using an ineligible trialist player will default the match.

Please see Trialist Rule 1.5 for more details.