



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 Trialist 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.