



Eastern Pennsylvania Youth Soccer
4070 Butler Pike, Suite 100
Plymouth Meeting, Pa 19462
Phone: 610-238-9966
Fax: 610-238-9933

2010/2011 INSURANCE VERIFICATION FORM

Due to the present insurance guidelines, our tournament is requiring that all teams participating in this year's

(Name of Tournament)

have their home state association verify that the team is properly insured. This requirement should be easily satisfied resulting from the fact that all State Associations should have proof of insurance for all teams that play in their boundaries.

Please return this form (properly endorsed), along with a properly endorsed travel permit and state approved roster to us as requested.

Bottom portion to be completed by the State Association only

We confirm that _____ Age Group: _____
(Club & Team Name)

is a properly registered team in USYSA/EPYSA and that we have proof that they are suitably insured. This includes player liability as well as medical insurance.

State Association: _____

Authorized Signature: _____

Date: _____