

UNITED STATES YOUTH SOCCER OF NEVADA

5:25:00

Foreign Document Translation Form

Player Last Name: _____

Player First Name: _____

Player Middle Name: _____

Player Date of Birth: _____

Place of Birth: _____

Parents Names: _____

Proof of age in foreign languages must have English translation attached to the original document (USYSNV Foreign Birth Document Translation form). Translations may be provided by anyone recognized as a translator by the USYS National State Association governing that player. No parent or other family member can translate for any member of their son's or daughter's team unless they are certified and/or accredited to teach the specific language, i.e. high school teacher, professor of languages at a university or college, a court translator, or anyone recognized as an official translator by a governing body. All translations will be dated and include qualifications to translate, signature, address and telephone number of the translator.

Please Print

Translator's Name: _____

Address/School: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____

*** A notarized copy of the foreign language birth document must accompany this form.**