



California Youth Soccer Association -North Foreign Document Translation Form

Player Last Name: _____

Player First Name: _____

Player Middle Name: _____

Player Date of Birth: _____

Translator's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____

****A copy of the foreign language birth certificate/document must accompany this form****

Approved By: _____

Date: _____

Title: _____
(District Commissioner/District Registrar)