

KANSAS STATE YOUTH SOCCER ASSOCIATION

MULTIPLE ROSTER REQUEST FORM

ORIGINAL REQUEST

REVISED REQUEST

LAST NAME: _____ FIRST NAME: _____ BIRTHDATE: ___/___/___

ADDRESS: _____ SEX: M _____ F _____

CITY: _____ STATE: _____ ZIP: _____

THE ABOVE-NAMED PLAYER REQUESTS THAT HE/SHE BE ALLOWED TO MULTIPLE-ROSTER TO THE FOLLOWING TEAM(S):

Name of Team	Age Group	Name of Coach	Playing League	Primary/Secondary	Signature of Coach

By signing this form, all parties attest to the fact that they have read and understand the KSYSYSA rules on multiple-rostering and are willing to abide by these rules.

Signature of Player: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

**Note: In accordance with KSYSYSA rules, unless all coaches agree to the designation of the primary team, the player may not play until the issue is resolved.*

FOR KSYSYSA OFFICE USE ONLY:		
Date Received: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	If not approved, give reason: _____
Signature: _____		
Title: _____	Date: _____	_____