



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

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 www.mnyouthsoccer.org



U16-U19 Request To Over Roster

Maximum roster size is 22. This form can be used for the 23rd, 24th and 25th rostered player.
A completed and signed copy must be given to your Club Registrar to process and keep on file.

The _____ coached by _____
Team code (Ex. BLM17GC201) Print coach's name
 requests permission to over roster.

Day Phone: _____ Eve. Phone: _____ Fax: _____

As the parent/guardian/player over 18 years of age, I understand that myself or my child is the over rostered player registered on this team. I am also aware that the team MUST declare which 18 players will play on the competitive match report for all MYSA league and tournament matches. Teams that are over rostered MUST declare which 22 players will comprise the team for the purposes of post league play prior to the start of League Playoffs, even if the team has an automatic seed to the State Tournament.

Player's Name (please print)	Date of Birth	Parent/Guardian's Name	Parent/Guardian or Player Signature (if over 18 years of age)
#23			REQUIRED
#24			REQUIRED
#25			REQUIRED

Any request for over roster of U16 to U19 teams must be sent to the Competitive Representative in charge of the league and must be approved by the Competitive Committee PRIOR TO THEIR PARTICIPATION. Please fax this form to the Competitive Rep. in charge of the league to which the team is assigned.

Signature of Registered Adult Associated with Team: _____

The Competitive Committee _____ Approved _____ Disapproved this request on (date) _____

Signed: _____ District: _____ Date Sent: _____
Signature of Competitive Rep. Completed form faxed to MYSA