



MINNESOTA YOUTH SOCCER ASSOCIATION INC.

11577 Encore Circle
Minnetonka, Minnesota 55343
Phone (952) 933-2384 or (800) 366-6972 Fax (952) 933-2627
www.mnyouthsoccer.org



Recreation Plus U13-16
Request To Over Roster

A completed and signed copy must be given to your Club Registrar to keep on file.

The _____ coached by _____
Team code (Ex. BLM16GUS01) Print coach's name
requests permission to over roster.

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

As the parent, I understand that my child is the overrostered player registered on this team. I am also aware that U13-16 Teams MUST declare which 18 players will comprise the team for purposes of any festival or invitational tournament prior to the start of the event. These 18 players will be the only ones that will be allowed to play in the game. This is the responsibility of the registered adult associated with the team.

Table with 4 columns: Player's Name (please print), Date of Birth, Parent's Name, Parent's Signature. Two rows with 'REQUIRED' in the signature column.

Printed Name of Affiliate Member President: _____ Date: _____

Signature of Affiliate Member President: _____

Signature of Registered Adult Associated with Team: _____

Any request for U13 to U16 teams with more than TWO over rosters per team must be sent to the District Director in charge of the league and must be approved by the District Operating Committee PRIOR TO THEIR PARTICIPATION. Please fax this form to the District Director in charge of the league to which the team is assigned.

Table with 4 columns: Player's Name (please print), Date of Birth, Parent's Name, Parent's Signature. Two empty rows.

The District Operating Committee _____ Approved _____ Disapproved this request on (date) _____

Signed: _____ District: _____ Date Sent: _____
Signature of District Director Completed form faxed to MYSA