



KANSAS STATE YOUTH SOCCER ASSOCIATION

MULTIPLE ROSTER REQUEST FORM



() ORIGINAL REQUEST

() REVISED REQUEST

LAST NAME: _____ FIRST NAME: _____ BIRTH DATE: ___/___/___

ADDRESS: _____ SEX: MALE _____ FEMALE _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

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(P)/ SECONDARY(S)	SIGNATURE OF COACH

By signing this form, all parties attest to the fact that they have read and understand the KSYSO 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 KSYSO rules, unless all coaches agree to the designation of the primary team, the player may not play until the issue is resolved.*

FOR KSYSO OFFICE USE ONLY:

Date Received: _____ () Approved () Not Approved If not approved, give reason: _____

Signature: _____

Title: _____ Date: _____