



KANSAS STATE YOUTH SOCCER ASSOCIATION MULTIPLE ROSTER REQUEST FORM



ORIGINAL REQUEST

REVISED REQUEST

PLAYER LAST NAME: _____ FIRST NAME: _____ BIRTH DATE: ____ / ____ / ____

PLAYER PASS NUMBER: _____

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	TEAM IS: PRIMARY(P)/ OR SECONDARY(S)	SIGNATURE OF COACH
				Primary Team	
				Secondary Team	

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

AFTER THIS FORM IS COMPLETED AND SIGNED, THIS FORM MUST BE UPLOADED TO THE PLAYER'S GOTSOCCKER ACCOUNT AT WWW.GOTSPORT.COM AND EMAIL YOUR CLUB REGISTRAR. PLEASE DO NOT CREATE ANOTHER PLAYER ACCOUNT IN GOTSOCCKER.