



## 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)/ <b>OR</b> 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 KSYSA 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 KSYSA rules, unless all coaches agree to the designation of the primary team, the player may not play until the issue is resolved.*