

MISSOURI YOUTH SOCCER ASSOCIATION DUAL ROSTER REQUEST FORM

The following player is requesting they be allowed to multiple roster to the competitive teams shown below. By signing this form, all parties attest to the fact that they have read and understand the MYSA rules for dual rostering and are willing to abide by those rules. Both coaches must agree as to the designation of the primary team for the dual rostered player.

Name: _____ Birthdate : ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

ID Number: _____ Sex: ____M ____F

Signature of Player: _____ Date: ____/____/____

Signature of Parent: _____ Date: ____/____/____

Primary Team Name/Age Group: _____ Date: ____/____/____

Coach Name: _____ Coach Signature: _____

Primary League Registrars Signature: _____ Date: ____/____/____

Secondary Team Name/Age Group: _____ Date: ____/____/____

Coach Name: _____ Coach Signature: _____

Secondary League Registrars Signature: _____ Date: ____/____/____

MYSA DUAL ROSTER RULES

1. A player may dual roster on two (2) competitive teams during the seasonal year.
2. Any player wishing to dual roster must complete a MYSA Dual Roster Request Form. This form will designate the player's primary and secondary teams and must be signed by all listed on the form.
3. A player will be considered a transfer if any changes are made to the original MYSA Dual Roster Request Form.
4. A new form must be completed to change designation of primary team.
5. In the event of any schedule conflicts, the primary team will always take precedence.
6. Whenever a player changes his/her primary designation, all previously issued ID cards must be turned into the respective Registrar prior to any new cards being issued.
7. A copy of the MYSA Dual Roster Request Form must be sent to the MYSA State Office.
8. The Primary team league Registrar and the Secondary team Registrar must keep a copy of the MYSA Dual Roster Request Form.