

Team: _____ Age: U-_____ Boys/Girls Year: _____

Checklist to Receive Competitive Roster

Team Contact: _____

Cell Phone: _____ Email Address: _____

1.	Tryout Signature Page GLSA KEEPS ORIGINAL	__ signature of player and parent must be on page __ verify that coach's coaching license is attached to the fact sheet
2.	USYS Competitive Form for each player GLSA KEEPS ORIGINAL	__ complete, signed, and dated by player AND parent __ name must match birth certificate CANNOT BE DATED BEFORE JULY 1
3.	Birth Certificate	__ must be at least 10 years old by January 1 __ check ages against the North Texas age chart (can't play down) __ must match birthdates on USYS competitive form and preliminary roster
4.	Medical Release Form for each player The competitive form medical authorization will NOT suffice	__ completed, signed and dated by parent
5.	Preliminary Roster GLSA KEEPS ORIGINAL	__ players are listed by their birth names __ email addresses for coach, assistant coach, and manager __ signed by coach
6.	Online Risk Management for each coach, asst. coach/manager	__ printout of email showing APPROVED status

_____ new players x \$25.00 \$ _____

_____ new coach, asst. coach, manager x \$5 \$ _____

___1___ administrative fee x \$100 \$ 100.00

TOTAL DUE \$ _____

Cashier's checks, club checks/credit/debit cards, money orders or cash only. **NO PERSONAL CHECKS.**

- 1. THREE-DAY MINIMUM IS NEEDED TO COMPLETE OFFICIAL ROSTERS.**
- 2. OFFICIAL ROSTERS AND COACH/PLAYER CARDS WILL NOT BE RELEASED UNTIL ALL FEES ARE PAID IN FULL.**
- 3. IT IS THE TEAM'S RESPONSIBILITY TO ADD ALL TEAM MEMBERS' INFORMATION AND PHOTOS TO THE TEAM'S GOTSOCCKER ACCOUNT.**

OFFICIAL ROSTER AND ID CARDS IN TEAM'S ACCOUNT: _____