

First game complex_____

TEAM CHECK IN SHEET

Each team must fill out this form completely.

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| Age Group: |
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| Team Name: | Jersey color: |
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| Association: |
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| Contact Person: |
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| Local Phone Number: |
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| Alternate Contact Person: |
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| Local Phone Number: |
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Please make sure all information is complete and correct.

*******FOR OFFICE USE ONLY*******

- _____ COMPLETED TEAM CHECK IN SHEET
- _____ COPY OF ROSTER SIGNED BY THE REGISTRAR AND COACH
- _____ COACH'S USYSA IDENTIFICATION CARD
- _____ MEDICAL RELEASES NOTARIZED FOR EACH PLAYER
- _____ GIVE COACH NEW SCHEDULE