

The following forms have been provided for MSYSA teams participating in non-sanctioned events where rosters and/or player passes are required.

Instructions for the Team Player Form (Alternative Roster)

- Please provide the MSYSA State Office a legible copy of the completed Team Player Form as copied from your approved MSYSA roster. Please email the Team Player Form to: Registration@msysa.org or fax to 410-768-5406 and include an email address to return the approved form to and specify the name of the event that the team will participate in.
- There will be a \$25 administrative fee associated with this roster and payment must be made by credit card. Roster cannot be verified and returned until payment has been received.
- To verify the submitted form, the MSYSA State Office must receive the requested Team Player Form five (5) days prior to the team's check-in to the event. Approved forms will be returned to the requesting team no later than 24 hours prior to check in.
- The Team Player Form can be used for multiple non-sanctioned events provided that there are NO CHANGES to the previously verified and approved form. Edits of any type require state re-verification and a new form will need to be submitted for approval.

Instructions for the Alternative Player Pass

- Please complete the Alternative Player Pass with the information requested and affix the player photo.
- The front of the Player pass should be completed by the team; the back of the Player Pass is to be completed by the State Office.
- Player Passes must correspond to the Team Player Form.

Questions may be sent to Registration@msysa.org, Subject line: Team Player Form/Alternative Player Pass or by calling the State Office at 410-768-5401.

TEAM PLAYER FORM

This form is provided by the State Association for a team going to a tournament or games that are not approved by US Youth Soccer or any of its State Associations. Use of this form is acknowledgment by the team/players that the team/players named below understand that they are not insured by Maryland State Youth Soccer insurance and assume all liability.

TEAM NAME: _____

Following is the information requested about the players of the team named above registered and/or rostered through the **Maryland State Youth Soccer Association** as of (DATE) _____ for the seasonal year 2013-2014. This Team Player Form is valid only as presented. Any changes made to this form deem this form NULL AND VOID. Subsequent events require a new form for verification.

NAME OF PLAYER:

DATE OF BIRTH:

THE INFORMATION PROVIDED ON THIS FORM IS BEING PROVIDED SOLELY BECAUSE OF THE REQUEST OF THE TEAM FOR PURPOSES DETERMINED ONLY BY THE TEAM. PROVIDING THIS INFORMATION DOES NOT CONSTITUTE AUTHORIZATION OR ENDORSEMENT OF ANY EVENT OR ACTIVITY FOR WHICH THE TEAM MAY USE THIS INFORMATION.

Maryland State Youth Soccer Association
221 5th Avenue, SE Glen Burnie, MD 21061

ALTERNATE PLAYER PASS

FRONT OF
PLAYER PASS:

PLAYER PASS	
PLAYER'S NAME: _____	
BIRTHDATE: _____	
[ATTACH] [PLAYER'S] [PHOTO] [HERE]	
_____ PLAYER'S SIGNATURE	
TEAM: _____	

BACK OF
PLAYER PASS:

REGISTERED WITH:	
_____ STATE ASSOCIATION	
FOR THE FOLLOWING PERIOD:	
FROM _____	THROUGH _____
This player is in good standing as of the following date:	
_____, 20__	
This player pass is issued for use in playing in activities outside the jurisdiction of US Youth Soccer and its State Associations. Use of this pass is acknowledgment by the team/player that the player mentioned understands that they are not insured by their State Association insurance.	