



State Cup Player Declaration Form

*For Multi-Rostered Players

If a multi-rostered player wishes to participate in State Cup with their secondary team this form must be filled out completely and submitted to the State Cup Director before the roster freeze deadline. If a player does not submit this form by the deadline the player's eligibility for the National Championship Series will remain with the player's primary club. **In no event may a player be eligible for two different clubs in the National Championship Series.**

Player Information

Name:	Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	Zip:	
Phone: ()	Guardian Signature:		
Guardian Email:			

Primary Team Information

Primary Team Name:			
Primary Team ID #:			
Primary Team Head Coach (<i>Print Name</i>)			
Primary Team Head Coach Signature:			
Primary Team Head Coach Email:			
Team/Club Financial Clearance (REQUIRED):	Cleared <input type="checkbox"/>	Not Cleared <input type="checkbox"/>	
Name of Authorized Club Admin/Registrar: (<i>Print Name</i>)			
Signature of Authorized Club Admin/ Registrar:			

Secondary Team Information

Secondary Team Name:			
Secondary Team ID #:			
Secondary Team Head Coach (<i>Print Name</i>)			
Secondary Team Head Coach Signature:			
Secondary Team Head Coach Email:			
Team/Club Financial Clearance (REQUIRED):	Cleared <input type="checkbox"/>	Not Cleared <input type="checkbox"/>	
Name of Authorized Club Admin/Registrar: (<i>Print Name</i>)			
Signature of Authorized Club Admin/ Registrar:			

Declared State Cup Team

Primary Team Name:			
Primary Team ID #:			

For UYSA Office Use Only:

Date Received:
Authorized By: