



Missouri Youth Soccer Association Roster Change Form



Team Name: _____ Club Name: _____ Team Number: _____

Boys Team Girls Team Team Age Division: _____ Coach Name: _____

Roster Change Codes: A-Add D-Delete PT-Primary Transfer ST-Secondary Transfer

For Transfer Rule please check the Missouri Youth Soccer Registration Handbook. Players can not be dropped (deleted) by the coach/manager from the roster without parent or legal guardian signature except in limited circumstances as outlined in the Missouri Youth Soccer Registration Policy and Procedure Manual.

I request the following action to be taken for my team:

| Change Code | ID Number | Player's Name | Parent/Legal Guardian Signature | Address | Birthdate MM/DD/YYYY |
|-------------|-----------|---------------|---------------------------------|---------|----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

I hereby certify that the above information is true and correct.

(Signature of Coach or Manager) (Date)

(League Registrar) (Date)

(Signature of Club Administrator if required) (Date)

