



2024 TEAM INFORMATION SHEET

<u>Club</u>	<u>Team Name</u>	
<u>Age Group</u> / <u>Birth Year</u> U _____ / 20 _____	<u>Gender</u> Boys / Girls	<u>State</u>

Document Upload Checklist:

- ☐ Team Information Sheet
- ☐ Official Roster
- ☐ Player and Team Official Passes
- ☐ Guest Player Passes
- ☐ Permission to Travel (USYS teams outside Region I)
- ☐ Interstate Permission Form (USYS teams with guest players from outside VA)

Contact Information:

Coach Name:	Manager Name:
Coach Cell #:	Manager Cell #:
Coach Email:	Manager Email:

Medical Releases

I certify that I am in possession of a signed medical release form (signed by minor players' parent or guardian) for each participant on my team.

Print Name: _____

Signature: _____

Score Keeping

I understand that a team official must sign the Game Card after each match to verify the score and disciplinary action. Once the Game Card is signed I understand that the score and disciplinary record will be considered accurate and final and is not subject to protest. Failure to sign the Game Card before leaving the field will result in the score and disciplinary action to be considered final.

Print Name: _____

Signature: _____