USSL Team Roster Form

Club Name :____________________________ **Team Name**______________________________

Age Group:_____________________________ **Team Level**_______________________________

Coach Name:___________________________ **Phone #**__________________________________

TEAM ROSTER – U9-U12

Jersey #	First Name	Last Name
Signature*:		Date (mm/dd/yyyy):

*By typing my name in the box above I confirm that all of the above players and coaching staff are registered.

Permit Application Form

League Game Date_________________________ **Age Group**________________
Team Name __________________________ **Level**______________________
Coach Name __________________________

Player Name **Date of Birth**

1.
2.
3.

______________________________ ____________________
Authorized USSL Rep. Signature **Date**