



REGION II CHAMPIONSHIPS

Team/Player/Coach Eligibility Verification Form

State Association: _____

Team Name: _____

Age Group: Under _____ Boys Under _____ Girls

I hereby certify that all players on my Official US Youth Soccer Blue Roster are properly registered and rostered and are eligible to participate in the US Youth Soccer Midwest Regional Championship. I certify that none of the players or coaches is currently under suspension. I further certify that no player or coach was sent off in their last State Cup match unless indicated below. If any player or coach was sent off, I have listed their names in the box provided and understand that the individuals listed cannot under any circumstances participate in their first US Youth Soccer Midwest Regional Championship match.

Any State Association may provide that penalties in excess of one (1) game suspension may be assessed and any such suspension shall be recognized at the US Youth Soccer Midwest Regional Championship.

Suspension Information

Name	Player Jersey #	Coach	Duration of Suspension (i.e., 1 game, 2 games)

Coach Name (Print) _____

Signature: _____
(MUST be signed by a Team Coach)

Note: If it is determined that an ineligible player or coach participates in a US Youth Soccer Midwest Regional Championship match, the game shall be forfeited. If a coach knowingly falsifies information on this form, a hearing shall be held by the US Youth Soccer Midwest Regional Championship Committee and additional penalties may be levied.

**The National Championship Rules
will be interpreted by the members of the National Championship Committee.**

Note: This Team/Player/Coach Eligibility Form **MUST** be turned in at the US Youth Soccer Midwest Regional Championship registration on Friday, June 25, 2010.