



OHIO SOUTH YOUTH SOCCER ASSOCIATION, INC.

Roster Change Form



LEAGUE: _____ OFFICIAL ROSTER CHANGE FORM FOR: _____ SEASON: _____

TEAM NAME: _____ CLUB NAME: _____ TEAM NUMBER: _____

() BOYS TEAM: () GIRLS TEAM: TEAM AGE DIVISION _____ COACH'S NAME: _____ TELEPHONE #: _____

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

If player transfer is requested - OSYSA Transfer Form is to be completed and attached.

ROSTER CHANGE CODES - TI = Transfer In		TO = Transfer Out		VQ = Voluntary Quit <small>(Form must be attached)</small>		AD = Player Add <small>(Not Registered This Seasonal Year)</small>		QO = Quit Order <small>(Medical, Moved, Etc.)</small>		
Change Code	New USYSA # <small>Old USYSA #</small>	PLAYER'S NAME		AREA CODE	STREET NUMBER AND NAME		STATE	ZIP CODE	DATE OF BIRTH	SECOND/ PRIMARY
		Last Name	First name	PHONE NO.	CITY					
1	-----			-----	-----	-----	-----			
2	-----			-----	-----	-----	-----			
3	-----			-----	-----	-----	-----			
4	-----			-----	-----	-----	-----			
5	-----			-----	-----	-----	-----			
6	-----			-----	-----	-----	-----			
7	-----			-----	-----	-----	-----			
8	-----			-----	-----	-----	-----			

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

The requested change(s) above are approved for line number _____

(SIGNATURE OF COACH OR MANAGER)

(DATE)

League Registrar

Date

MUST BE TYPED OR PRINTED IN INK.

**TEAMS ARE RESTRICTED TO THREE TRANSFERS BEING ADDED TO THE TEAM - MAY ADD AS MANY PLAYERS AS TEAM HAS OPENINGS - NO LIMIT TO PLAYERS REQUESTING TRANSFERS OUT
PLAYERS CANNOT BE DROPPED (DELETED) BY THE COACH FROM ROSTER EXCEPT IN LIMITED CIRCUMSTANCES AS OUTLINED IN THE OHIO SOUTH STATE MANUAL**
PLAYERS MAY VOLUNTARILY QUIT A TEAM AND BE REMOVED FROM THE ROSTER - USE THE VOLUNTARY QUIT FORM**

White - Team

Yellow - League