Attach Pass Here ------

ARIZONA YOUTH SOCCER ASSOCIATION

MULTIPLE REGISTRATION FORM

Seasonal Yr: _____ to _____

INSTRUCTIONS, the following is required:

- A completed MULTIPLE REGISTRATION FORM
- A completed MEMBER REGISTRATION FORM designating the secondary team to which the member is to roster
- The members original player pass from the first team (must be attached in order for the request for multiple rostering to be processed)
- An additional registration fee
- Forward all completed forms to the AYSA for APPROVAL.

INFORMATION FOR REGISTRARS, COACHES, MEMBERS AND PARENTS

By signing this form, all parties acknowledge that they understand the AYSA provisions regarding multiple rostering and will comply with such provisions. The following is an informational synopsis of the requirements for a member to be rostered on two teams:

- The member may only roster to the secondary team upon the initial rostering of that team
- The first team to which the member is rostered automatically become the Primary team.
- A multiple rostered member may request a transfer to another team, but in doing so, will LOSE his/her multiple roster status and thereafter will be allowed to play only on the team he/she transferred to.
- No youth member will be allowed to participate in more than TWO (2) games per day.
- Coaches and members may not be forced or required to multiple roster a member.
- The PRIMARY TEAM Coach has the final say concerning a member's participation in any event (League game, game, tournament, etc.).
- **A member must play for his/her primary team in any competition sponsored by USYSA or AYSA (AYSA Cup play) unless the primary team is not entered.**
- A member serving suspensions for misconduct by any rule or D&A committee action will do so without regard to which team may be affected. For example: A member receives a red card while playing for Team A and must sit out the next game. The next game is with Team B. The member will sit out the game with Team B.

Member Name: _____ **Birth Date:** _____

CONCURRENCE AND APPROVALS

Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

League Registrar Signature: _____ Date: _____

SECONDARY TEAM Member ID # | | | | | - | | | - | | | | - | | |

Coach Signature: _____ Date: _____

PRIMARY TEAM Member ID # | | | | | - | | | - | | | | - | | |

Coach Signature: _____ Date: _____

FOR STATE ASSOCIATION USE ONLY

Request Is: Approved ☐ Disapproved ☐

Processed by: _____ Date: _____