

TEAM: _____ -Girls -Boys Age: U-_____ Year:_____

CHECKLIST TO RECEIVE COMPETITIVE ROSTER

Meeting with Karen G. of GLSA on _____ at _____

Team Contact: _____

Cell phone: _____ Home phone: _____

Email address: _____

1.	Tryout Signature Page <i>GLSA KEEPS ORIGINAL</i>	<input type="checkbox"/> -signature of parent & player must be on page <input type="checkbox"/> -verify coach's license attached to Fact Sheet
2.	Preliminary Roster <i>GLSA KEEPS ORIGINAL</i>	<input type="checkbox"/> -email addresses for coaches & managers <input type="checkbox"/> -signed by coach
3.	Birth Certificate	<input type="checkbox"/> -check age chart-(can't play down) <input type="checkbox"/> -birth certificates must match birthdates on roster <input type="checkbox"/> -Need a copy of certificate of any UNregistered GLSA players
4.	USYS Competitive Form for each player <i>GLSA KEEPS ORIGINAL</i>	<input type="checkbox"/> -completed, signed, and dated by both player & a parent
5.	Medical Authorization for each player <small>** the competitive form medical authorization will NOT work</small>	<input type="checkbox"/> -completed, signed, and dated by a parent <input type="checkbox"/> -notarized
6.	Risk Management Form for each coach, ass't, trainer, manager, etc.	<input type="checkbox"/> -Printout showing <i>APPROVED</i> https://ntssa.sportstech.net/isis.net/register/vms.html

_____ Players x \$30.00 \$ _____

_____ Risk Management Form x \$5.00 \$ _____

TOTAL DUE: \$ _____

Cashiers Check, Money Order, or Cash. Payable to GLSA. NO CHECKS ACCEPTED.

NO ADDITIONS OR DELETIONS WILL BE ACCEPTED AFTER JULY 27, 2009

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glsakg@yahoo.com

GLSA will provide the following:

- Computerized Official NorthTexas / GLSA roster
- Player Cards (it is the team's responsibility to add photos & send to NorthTexas with appropriate processing fee (.05) and postage prepaid envelope)
- ID Card for coaches, ass't coaches, managers, trainers, etc.

PICKED UP FROM GLSA OFFICE BY _____ on _____, 2009.