

WVSA Cup Check List

ROSTERS FROZEN MAY 9 NO STAMPED CUP ROSTER –NO PLAY

Roster is due to Member Services Director as soon as rosters are frozen for applicable cup
WVSA will forward ALL approved Rosters & Blue Rosters to field check-in site

Items Needed by WVSA in Advance:

1. State Stamped Cup Roster

Head Coach or Manager of the team is responsible to contact their League Registrar and request an Original Roster for their team with the League Registrar's Signature OR submit a Current ORIGINAL State Stamped Roster for the team.

Send all Rosters to: Jude Greene, WVSA Member Services Director

2. Blue Roster

Blue Roster is available on www.wvsoccer.net . Head Coach or Manager is responsible to complete the Blue Roster and email the Blue Roster to Jude Greene at jude@wvsoccer.net by May 9, 2008 Every player MUST have a number on both jerseys.

Items You Need To Bring to Registration:

1. Player Pass Cards

Head Coach is responsible to obtain Player Pass Cards from their League Registrar. The Pass Cards MUST match their roster and be signed by the players, small current picture glued in top left corner and signed by the league registrar.

2. Coach's Pass Cards

One for each Coach (Maximum of 4 Coaches Cards) See Instructions above:

3. Coaches Code of Conduct

Signed by all Coaches (Max 4 Coaches)

4. Medical Releases

Must be signed by parent

5. Team information Sheet

Please provide all the information in case we need to get in touch with you.

6. Housing Forms

Housing forms must be completed and submitted on a floppy disk or CD readable by a Windows PC.

Remember–No Pass Cards (Player/Coach) or No Required Forms –No PLAY



WEST VIRGINIA SOCCER ASSOCIATION
CUP COMPETITIONS
TEAM INFORMATION SHEET

Club/ Team Name _____

Age Group Under _____ Boys/Mixed _____ Girls _____

Team Contact

Head Coach's Name: _____

While participating in the WVSA Cup, I will be lodging at the
_____ Location _____

PHONE NUMBER _____ CELL PHONE _____

Secondary Contact

NAME: _____ (Circle) Coach/Mgr/Parent

While participating in the WVSA Cup, I will be lodging at the
_____ Location _____

PHONE NUMBER _____ CELL PHONE _____

Signature of Registering Team Person _____ Date _____

This form must be filled out and left with the Cup Committee at Registration. The purpose of this form is to allow us to contact you and inform you of any changes.

WVSA

PO BOX 3360

BECKLEY, WV 25801

(304) 252-9872 ext: 301 or (800) 894-9872

(304) 252-9878 (Fax)

WEBSITE: www.wvsoccer.net - E-mail: cups@wvsoccer.net



West Virginia Soccer Association

Affiliated with the United States Soccer Federation, United States Youth Soccer Association, United States Amateur Association

PO Box 3360 Beckley, WV 25801

(304) 252-9872 ext: 301 * (800) 894-9872 * (304) 252-9878 Fax

Web Site: www.wvsoccer.net - Email: cups@wvsoccer.net

State Championship
Coach's Code of Conduct
Season: _____

Name of Head Coach: _____

Address: _____ City: _____ St. _____ Zip: _____

League/ Club Affiliation: _____

Team Name: _____

Age Group: _____ Boys/Mixed _____ Girls _____

Responsibility:

My Team will conduct itself in a manner respecting the facilities, other players, referee and administrative staff of the West Virginia Soccer Association's Cup Program while participating in the West Virginia Soccer Association Tournaments (WVSA American Cup, WVSA Open or WVSA State Championship). Further, I understand that if any team is found using or in possession of drugs, alcohol or in violation of the WVSA, US Youth Soccer, and/ or hosting facility's rules and regulations, the result will be my team's immediate ejection from cup competition.

Signature of Head Coach

Date

Assistant Coaches

Dates



WEST VIRGINIA SOCCER ASSOCIATION

PO BOX 3360 – BECKLEY, WV 25801

800-894-9872 ext: 301 * 304-252-9872 * 304-252-9878 (FAX)

Web: www.wvsoccer.net Email: cups@wvsoccer.net



MEDICAL RELEASE FORM

Function: _____

Players Name: _____ U.S. Citizen: Yes ___ No ___

Address: _____

City/ State/ Zip Code: _____

Birth date: _____ Sex: ___ Social Security Number: _____

Parent's Phone: Home: (___) _____ Cell: (___) _____

Emergency phone number other than Parent/ Guardian: _____

Name: _____ Phone: (___) _____

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other potential medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/ USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/ or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/ Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____

Signature _____ My commission expires _____

Notary Public