



SAINT LOUIS SUPERCUP—CHECK IN FORM

Club Name _____

Birth Year: _____

Team Name _____

Gender: Male / Female

By signing below as an authorized coach or manager of the above named team, you agree to adhere to the following requirements by the Saint Louis SuperCup (MYSA Sanctioned) tournament to be held March 22-24, 2018 at the Creve Coeur Park Soccer Complex.

Please contact Kathy Powers (kpowers@paousa.com) for all check-in questions or help!

Document	Agreement <small>(Please check box for all applicable)</small>	Action
OFFICIAL STATE ROSTER Once your team has completed check-in, you will be sent an approved roster stamped by the tournament. You will be REQUIRED to bring a copy of the stamped roster to each game to give to the ref. You will not get it back after the game.	<input type="checkbox"/>	By checking this box you understand, confirm, and agree that you have an OFFICIAL STATE TEAM ROSTER, and that you have included this in your check in documents. The roster should include: <ul style="list-style-type: none"> ■ Any player who is NOT playing in the tournament should be scratched out ■ Uniform # for every player ■ Guest players should be written in on the roster, along with their uniform # NOTE: A roster list is NOT acceptable. This must be the official state roster. You can tell it is the official state roster if it has either an approval signature from the state, or a stamped approval from the state printed on the roster.
GUEST PLAYER FORM <i>(if applicable)</i>	<input type="checkbox"/>	By checking this box you understand, confirm, and agree that IF you are bringing guest players to the tournament, you have the appropriate APPROVED guest player forms from your state association, and that you have included forms covering ALL guest players in your check in documents. USYSA MO teams, you are required to use: <ul style="list-style-type: none"> ■ Intra Club Guest Player Form – used when using players from within your club ■ Permission to Participate Form – used when using players from outside your club
TRAVEL PERMIT <i>(if applicable)</i>	<input type="checkbox"/>	By checking this box you understand, confirm, and agree that IF your USYSA team is rostered outside of MO that you have applied and received all necessary permission to travel documents, and that you have included this in your check in documents.
PLAYER & COACH PASSES These must be at every game during the tournament.	<input type="checkbox"/>	By checking this box you understand, confirm and agree that you have current / valid 2018/2019 passes that are laminated with a picture for all players, guest players, coaches, and bench personnel participating in the tournament. Each guest player must have their actual primary team laminated player card at each tournament game. A copy of ALL coach and player cards (including guest players) is included in your check in documents.
MEDICAL WAIVERS	<input type="checkbox"/>	By checking this box you understand, confirm, and agree that you have hard copies of medical release forms for every player on your tournament roster playing in the tournament .. including ALL guest players, and that you will have these available at every game during the tournament. Note: These do NOT need to be included in the check in documents.

In accordance with this process, the following items are to be scanned and uploaded to your TEAM GOTSOCCER ACCOUNT by:

TUESDAY, MARCH 19, 2019 @ 10:00PM CST

Signature _____ Date _____

Printed Name _____ Role on Team _____