

Team Check-in Checklist

TEAM # _____

USYS TEAM

1.	Team Rosters <input type="checkbox"/> State Association determined, approved by State Association for USYS teams COPY MUST BE LEFT <input type="checkbox"/> Tournament Player Roster (located on web site) - Completed with Coach signature - must identify ALL players – player signatures not needed COPY or ORIGINAL MUST BE LEFT	
2.	Guest Player Form & Instructions <input type="checkbox"/> USYS Completed and signed by coaches of BOTH teams (sending and receiving) All state teams use their own state form COPY or ORIGINAL MUST BE LEFT	
3.	Application to Travel <input type="checkbox"/> USYS form, approved by Your State Association (non IN teams) COPY or ORIGINAL MUST BE LEFT	
4.	Player Passes <input type="checkbox"/> Current/valid USYS Player Passes required for all players	
5.	Medical Releases <input type="checkbox"/> Indiana Medical Release form required for ALL players - NO out of state forms accepted - No Exceptions <input type="checkbox"/> Please note the medical release form does not need to be notarized	

US Club TEAM

1.	Team Rosters <input type="checkbox"/> US Club Official Roster COPY or ORIGINAL MUST BE LEFT <input type="checkbox"/> Tournament Player Roster (located on web site) - Completed with Coach signature - must identify ALL players – player signatures not needed COPY or ORIGINAL MUST BE LEFT	
2.	Guest Player Form & Instructions <input type="checkbox"/> US Club/Super Y-League players must be on your official US Club roster (no additional form)	
3.	Application to Travel <input type="checkbox"/> No travel form required for US Club Soccer or Super Y-League	
4.	Player Passes <input type="checkbox"/> Current/valid US Club Soccer Passes required for all players	
5.	Medical Releases <input type="checkbox"/> Indiana Medical Release form required for ALL players - NO out of state forms accepted - No Exceptions <input type="checkbox"/> Please note the medical release form does not need to be notarized	

EMERGENCY CONTACT INFORMATION

NAME: _____

HOTEL: _____

MOBILE PHONE: _____