

Team Check-in Checklist
TEAM AGE _____ TEAM NAME _____

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. (Indiana teams do not use guest forms) 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: _____