



**WISCONSIN YOUTH SOCCER STATE CHAMPIONSHIPS
Team/Player/Coach Eligibility Verification Form**



State Association: _____

Team Name: _____

Age Division: _____ Boys Girls

I hereby certify that all players on my official Wisconsin Youth Roster are properly registered and rostered and are eligible to participate in the Wisconsin Youth Soccer State Championships. I certify that none of the players or coaches is currently under suspension. I further certify that no player or coach was sent off in their last National, Region II, or Wisconsin Youth Soccer State Championships match unless indicated below. If any player or coach was sent off, I have listed their names in the box provided and understand that the individuals listed cannot under any circumstances participate in their first Wisconsin Youth Soccer State Championships match.

SUSPENSION INFORMATION

Name	Player Jersey #	Coach	Duration of Suspension (i.e., 1 game, 2 games)

Coach Name (Printed): _____

Coach Signature: _____ Date: _____

Must be signed by a Team Coach

Note: If it is determined that an ineligible player or coach participates in a Wisconsin Youth Soccer State Championships match, the game shall be forfeited. If a coach knowingly falsifies information on this form, a hearing shall be held by the Wisconsin Youth Soccer State Championships Committee and additional penalties may be levied.

This Team/Player/Coach Eligibility Form **MUST** be signed by the Coach. It is to be turned in to a Wisconsin Youth State Championships Committee Member prior to the first scheduled State Championships Match.