

# Berkshire County Youth Soccer League/Team Roster Form

Type in Alphabetical Order

Affiliated with Mass Youth Soccer Association – FIFA – USSF – USYSA



Town/Club:	Date:	Original:	Change:
Team Name:	Age:	Girls:	Boys:
League: <b>BCYSL</b>	Team ID#:	Div:	Shirt Color:
			Section:

Coach:	Phone:
Address:	City/State/Zip:
Asst. Coach:	Phone:
Asst. Coach:	Phone:

	Shirt#	Last Name	First Name	Birth Date	Town	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

**Transfers:**

1						
2						
3						

Mass Youth Soccer Roster Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If Applicable)

Coach Certification	Club/Town Certification
I Certify that I will comply with Mass Youth Soccer and Leagues bylaws, playing rules, & Coach's Code of Conduct, and know the penalties for non-compliance.	All players and all coaches/managers meet all Mass Youth Soccer & League requirements for affiliation and playing age, and the town/club is properly affiliated.
Coach's Signature: _____	Signature: _____