

# ELIGIBILITY VERIFICATION



## 2009 Louisiana State Cup

### REQUIRED FOR TEAM REGISTRATION

Club:	Age Division:
Team Name:	Team Gender:

I hereby certify that all players on my Official US Youth Soccer Roster are properly registered and rostered and are eligible to participate in the 2009 Louisiana State Cup. 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 his or her last Premier League match or Sub Regional Premier League match, or is a carryover/send off from the 2007-2008 season unless indicated below. If any player or coach was sent off, I have listed their names in the box provided, along with information about the duration of their suspension, and understand that the individuals listed cannot under any circumstances participate in their first 2009 Louisiana State Cup match.

#### Suspension Information

Player/Coach	Jersey #	Coach's Name	Duration of Suspension (1,2 games)

Coach's Name:	Date:
Coach's Signature: <b>Must Be Signed</b>	

Manager's Name:	Date:
Manager's Signature: <b>Must Be Signed</b>	

Note: If it is determined that an ineligible player or coach participates in a 2009 Louisiana State Cup match, the game shall be forfeited. If a coach or manager knowingly falsifies information on the form, the 2009 Louisiana State Cup Committee shall hold a hearing and additional penalties may be levied.

**This form must be completed and brought to Registration by the Team Representative.**