



FUTSAL ROSTER INSTRUCTIONS & REQUIREMENTS

Each coach and player participating in the Illinois Youth Soccer Futsal State Cup will get a new player and coach card that is exclusively for the Illinois Youth Soccer event and the US Youth Soccer National Championship.

Players or coaches without these cards will NOT be eligible to participate in the event. The roster freeze is at 3pm on Monday, February 12. Players or teams not properly entered in full will not be eligible to participate in the event.

Here are the steps to enter players into your roster

1.) Login to your GotSoccer account

The screenshot shows the GotSoccer website interface. The top navigation bar includes 'Home', 'Events', 'Game History', 'Email Team', 'College Search', 'Player Suspensions', and 'Log Out'. The 'Roster' tab is highlighted in the top navigation bar. Below the navigation bar, the page title is 'Team - Boys U17 Test Teams'. The main content area shows 'Event Registration History' with a table containing one entry: 'Illinois Youth Soccer Futsal State Cup' with a status of 'Accepted' and a date of '2/17/2018 - 2/19/2018'. The 'Roster' column in the table is highlighted in blue.

This is the first screen you will see. Click on ROSTER on the gray bar that runs along the top of the page.

2.) Enter players into the roster

The screenshot shows the 'Boys U17 Test Teams - Team Player List and Rosters' page. The page title is 'Boys U17 Test Teams - Team Player List and Rosters'. The main content area shows a 'Full Team Player List' table with columns for 'Photo', 'L.Name', 'F.Name', 'ID#', 'Jrny#', 'Gender', 'DOB', 'State', 'Updated', 'Last Reg.', and 'Login'. The 'Register New Player' button is highlighted in the bottom right corner of the page.

To enter players click the REGISTER NEW PLAYER BUTTON

3.) Enter the required player info

GotSoccer Soccer » Teams

Home Events Game History Email Team College Search Player Suspensions Help Log Out

Overview Team Profile Manager Coach **Roster** Roster History Account Assistance

Player Info

Player - New Player

Player Identification

Player ID # 1

US Club ID #

Full Legal Name Homer J Simpson
Legal First M.I. Last

Gender Male Female

Date of Birth 04/06/2002
(mm/dd/yyyy)

State or Association Registered Illinois

Contact Information

Address

City

State/Province

Postal Code

Phone

Mobile

Email

Text Msg Address

Additional Information

Jersey #

Rating

School District

Grad Year

Primary Position

Notes (optional)

Save

Powered by GotSoccer

For the Player ID# you can either enter their existing league ID number or just enter any number.

You will also have to enter an email. It can be an email for the player's parents or a generic club email.

4.) Upload an in-focus headshot of all players

GotSoccer Soccer » Teams

Home Events Game History Email Team College Search Player Suspensions Help Log Out

Overview Team Profile Manager Coach **Roster** Roster History Account Assistance

Player Info Parent Info College Recruiting Event Attendance Account Info Documents Emergency Info

Player - Homer Simpson

Login Information [OK](#) [Player Login is Active](#)

Username simpson0330

Player Identification

Player ID # 1

US Club ID #

Full Legal Name Homer J Simpson
Legal First M.I. Last

Gender Male Female

Date of Birth 04/06/2002
(mm/dd/yyyy)

State or Association Registered Illinois

Player Photo

Rotate Rotate

Choose

Contact Information

Address

City

State/Province

Postal Code

Phone

Mobile

Email info@ilinosvsoccer.org

Text Msg Address

Date Created 2/5/2018 4:01:14 PM

Last Updated 2/5/2018 4:01:14 PM

Update Add Another Player Remove Player

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Click UPDATE to save the player info and then ADD ANOTHER PLAYER to add remaining players

IF YOU ALREADY HAVE PLAYERS IN YOUR ROSTER AND NEED TO REMOVE THEM TO GET TO THE 10 PLAYER ROSTER LIMIT

1.) Click on either the players first or last name

Powered by GotSoccer

2.) Click on EVENT ATTENDANCE TAB

Player - Andre Giant

Event Attendance

Player Photo

Rotate

Delete Change

Contact Information

Address

City

State/Province

Postal Code

Phone

Mobile

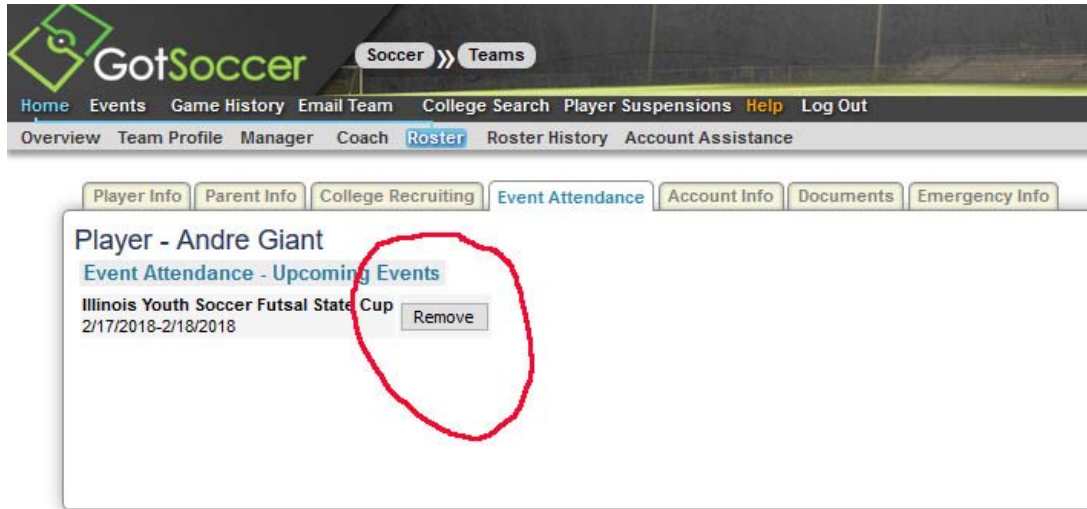
Email

Text Msg Address

Date Created

Last Updated

3.) Click REMOVE to remove the player from the Futsal Roster



This WILL NOT remove the player from your team list, it will only remove the player from the Futsal State Cup roster.

Few other important requirements for the event:

- 1.) Copies of player's birth certificates and an Illinois Youth Soccer Medical Release FOR ALL players must be emailed to katie@illinoisyouthsoccer.org or faxed to 847-290-1576 NO LATER THAN FEBRUARY 12
- 2.) The roster freeze is 3pm on Monday, February 10.
- 3.) 10 player roster limit

COACHING PASSES

To be on the sideline and get a futsal coaching pass you must meet one of the following two requirements:

- 1.) **IF YOU HAVE A CURRENT VALID COACHING PASS FROM IWSL, YSSL, CIYSL, SLYSA or ILLOWA**, you must email a photo or copy of that pass to chrisj@illinoisyouthsoccer.org no later than Friday, February 9.
- 2.) **IF YOU DO NOT HAVE A VALID IYSA MEMBER COACHING CARD**, you must complete the following by Friday, February 9:
 - 1.) [Illinois Youth Soccer background check](#)
 - 2.) [Complete the CDC Concussion test](#)



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.