



AYSO National Games 2019 Roster Exception Form

Complete and submit this form with the team roster by May 15, 2019

(For use when one or more players qualify as an exception to the National Games Team Formation Policy)

S/A/R: _____ / _____ / _____ Gender: Boy Girl Age Division: _____

Coach Name: _____ Phone No.: _____

Exception Player Information: (Note: These players must be listed on the RMS generated roster)				
Player Name	AYSO I.D. Number	Registration/Participation (a., b., c., d., e., f.)	Exception (1, 2, 3)	Reason (A, B, C)
1				
2				
3				
4				
5				

Registration and Participation: The above player(s) were registered, but was not able to participate in a minimum of one-half of the games for which they were eligible to play during the 2018 primary season for the following reason(s);

- a. Serious Illness b. Soccer related injury c. Change of address d. Parental custodial rights
 e. Conflict with Secondary and/or H.S. f. Other (Explain): _____

Exceptions:

1. **Playing Up:** The above player(s) are being allowed to play-up one age division for the following reason:
 - A. The player played up in that division during the primary season
 - B. Region does not have enough players and prefers not to borrow guest players
 - C. Other (Explain): _____

2. **Playing Down:** The above player(s) are being allowed to play-down from the age division they played during the primary season for the following reason:
 - A. There was insufficient number of players to field a full roster for this division
 - B. The Region required the player to play-up due to high school rules
 - C. Other (Explain): _____

3. **Guest Player:** Unable to field a full roster of players from within the Region and have invited the above player(s) from another Region/Area. The RMS roster for these player(s) is attached. **(Note: Exception Code "A", "B", "C" not required, mark N/A)**

Signatures Required: *The signatures below certify that the reasons listed above for the players and exception codes listed are true. Understand that the rosters submitted will be independently verified*

Regional Commissioner Name: _____ Signature: _____

Area Director Name: _____ Signature: _____

Section Director Name: _____ Signature: _____

(Note: Regional Commissioner(s) for "Guest Player" must sign RMS roster submitted to Region above)

Mail Form To: AYSO National Games 2019, Att: Elaine Simon, 218 Kuuhoa Pl., Kailua, HI 96734