



**INTER-CLUB
DUAL ROSTER FORM**

Effective January, 2017

Central Maryland Soccer Association
P.O Box 18403
Baltimore, MD 21237

COMPLETE AND SUBMIT TWO (2) COPIES OF THIS FORM WITH THE PLAYER'S ID ATTACHED TO YOUR ASSIGNED CMSA REGISTRAR AT REGISTRATION

Player Name: _____ ID Number: _____ DOB _____

DUAL ROSTER

Submission will add the player to the secondary team listed below, and not change their primary team's status

Current Team (Primary) _____ Gender: M / F

League/Day of Play _____ Current Team Coach

Secondary Team _____

League/Day of Play _____ Secondary Team Coach _____

SIGNATURES

Player Signature _____ Date _____

Parent Signature _____ Date _____

Primary Club Coach Name: _____

Primary Club Coach Signature: _____ Date: _____

E-mail Address: _____

Secondary Club Coach Name: _____

Secondary Club Coach Signature: _____ Date: _____

E-mail Address: _____

It is agreed and understood that the original pass of the player named will be retained by the designated primary team coach; and the duplicate player pass will be retained by the secondary team coach. The named player must be processed and added to the secondary team's roster by the team's designated C.M.S.A registrar.

The CMSA Registrar signature on this form affirms that the affiliate programs (teams), the player and the parents have been notified and are in agreement with the dual roster request. All forms received by C.M.S.A. contain all required signatures before being processed. The primary team is the original team the player is rostered to for that seasonal year, unless transferred to a new primary team prior to the 13th day of the season.

Information received by the following CMSA Registrar: _____
Signature

_____ Date