

**Barry B. Elkins**  
DISTRICT COMMISSIONER – NUMBER 31

MNJYSA

**INSTRUCTIONS FOR PROCESSING ROSTER PACKETS FALL 2007-2008**

**USE ONLY CURRENT FORMS-OLD FORMS WILL NOT BE VALIDATED**

**USE BALL POINT PEN TO REGISTER IMPRESSIONS ON ALL COPIES OF ROSTER, OTHERWISE PACKET WILL BE RETURNED TO YOU FOR CORRECTIONS**

**ROSTER INFORMATION**

1. DC # is 31
2. League # is 09
3. Club # please ask your club's league contact or check club website. Your club number is **NOT** your club number with MNJYSA. Each club has a number from the state office, which is sent at the beginning of each season to the club contact. The four (4) digit number begins with -9-. Ask your league contact for the number. I will return the packet not validated if not completed properly
4. League name is MNJYSA
5. Please put all players in ALPHABETICAL ORDER LAST NAME FIRST; please be careful, do not use white-out; type or print clearly making sure that all 4 parts of the form are legible.
6. In the column for pass number - use the LAST FOUR NUMBERS ONLY - do not try to squeeze the full 7 numbers in! So the number should be as follows: e.g., 87-02; 87-09 etc.

**COACHES INFORMATION**

1. Please provide signed NYSA Membership form and Coach License (min. F license)
2. **Paid Trainers/Coaches are not covered by NJYS liability and accident/medical insurance. For the seasonal year a paid trainer/coach must provide NJYS with a certificate of insurance including NJYS as an additional insured, or pay \$200 fee for NJYS liability insurance coverage. Paid trainers/coaches will only be registered in the NJYS office. They will have to complete a Non-volunteer Membership form, provide a copy of their coaching license and then be issued a membership card (coaches pass) by the NJYS office. They may be rostered to any NJYS team/teams by the appropriate District Commissioner. This means add them to the team roster as a coach if they are coaching on game day.**

**CARD INFORMATION**

1. Fill out very carefully, no cross-outs, white-out etc.
2. Have child sign AS THEY WOULD SAY THEIR NAME.
3. PHOTO QUALITY PAPER AND/OR DIGITAL PHOTOS ARE ACCEPTABLE IF NOT DIGITALLY ALTERED **in my opinion.**
4. Cards that need to be replaced cost \$10.00 each. Please contact NJYSA for replacement cards if required

**Very  
important**



**Very important**

**PAPERWORK REQUIRED**

1. NJYS Membership form, have BOTH child and parent sign. PARENTAL SIGNATURES FOR BOTH CHILD AND PARENT WILL INVALIDATE THE PACKET,
2. Birth certificate, please **YELLOW highlight** birthday and provide English translation for all foreign birth certificates.
3. Medical Release form must be new one for 2007-08 season and NOTARIZED.

**ORDER OF FORMS**

**Very important**

Please put all state membership forms, birth certificates and medical release forms in individual piles, paper clipped and in the same order as the ROSTER- **THAT MEANS IN ALPHABETICAL ORDER PLEASE; OTHERWISE RETURNED TO YOU NOT VALIDATED.**

**Very important**

**SAGE FORMS**

1. Please have players, parents and coaches all sign a SAGE form and include in team packet. Parent(s) and player can sign the same form. If parent coach, then sign same form as your child signed. NV coaches must sign a SAGE form as well.

**DEADLINES FOR PACKET DELIVERY**

Wednesday August	1 <sup>st</sup> deadline for collection on Friday August	10 <sup>th</sup>
Wednesday August	8 <sup>th</sup> deadline for collection on Friday August	17 <sup>th</sup>
Wednesday August	15 <sup>th</sup> deadline for collection on Friday August	24 <sup>th</sup>
Wednesday August	22 <sup>nd</sup> deadline for collection on Friday September	7 <sup>th</sup>

Please mark on front of envelope the day/date that you need the packet processed by, though all dates above will be strictly adhered to.

Thanks for your cooperation. Please call your league contact for help and the LC will contact me with any problems.

Barry B. Elkins – NJYS District Commissioner - MNJ Region “D” VP