



JSS Game Day Roster

Club Name: _____ **Team Name:** _____

Coach: _____ **Asst Coach:** _____

AGE GROUP: U _____			GENDER (BOYS/GIRLS): _____	
#	Jersey #	First Name	Last Name	Date of Birth (12/12/2000)
1				
2				
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Coach: _____ **Date:** _____ **verifies roster information**
Signature

JSS Game Day Roster must be accompanied by valid JSS passes. Coach must provide copy to Opposing Coach and Center Referee.

Additional Information				
Age	Players on Field	Game Length	Substitution	Ball Size
U7,U8	6v6	25-minute halves	Unlimited	4

3-Goal Differential Rule

If a team goes ahead by 3 Goals, the team that is behind may put 1 additional player on the field until there is less than a 3-goal differential. If the team that is ahead goes up by more than 3 Goals, No additional players may be put on the field.

Referee Fee: \$40 Paid on Site, shared equally by both teams