



Type or Print ONLY

ACADEMY TOURNAMENT ROSTER

Team Registration Roster

Seasonal Year: 20__/20__

Only true age 7U to 10U players are eligible for NTSSA academy. 6U and younger are not permitted



Full Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B _____ G _____	_____ U	B ____ G ____

Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order by last name. Registration # should match player ID card or use ID number from Tournament event.	Tournament Name: _____ Dates: _____ Tournament Location (City,State)* _____
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Any adult listed must have a valid Background Check and Safesport completed for the current soccer year with NTSSA

Travel Permission required for any tournament outside of NTSSA boundaries. Email travelandguestplayers@ntxsoccer.org with any travel questions

Name (Last, First)	Sex	Address	City	Zip	Phone	DOB	Email Address
Coach*							
Asst. Coach*							
Manager*							

Name (Last Name, First)	Registration #	DOB Month/Year	Sex	Jersey #	City	State
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

I certify that the above information is true and correct. Coach Signature: _____ Date: _____

Name of NTSSA Association: _____ NTSSA Association Registrar Signature: _____ Date: _____