ACADEMY TOURNAMENT ROSTER
Team Registration Roster
Seasonal Year: 20____/20____

NORTH TEXAS SOCCER "IGNITING PASSION FOR THE GAME"

Type or Print ONLY

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

US Youth SOCCER™

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)*_____

Any adult listed must have a valid Background Check and Safesport completed for the current soccer year with NTSSA in GotSport
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)	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:_____