



Type or Print ONLY

ACADEMY TOURNAMENT ROSTER

Team Registration Roster

Seasonal Year: 2025/2026

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 ____ |

| | |
|---|---|
| <p style="font-size: small;">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.</p> | <p>Tournament Name: _____ Dates: _____ Tournament Location (City,State)* _____</p> |
|---|---|

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* | | | | | | | |
| Ast. Coach* | | | | | | | |
| Manager* | | | | | | | |

| Name (Last Name, First) | DOB Month/Year | Sex | Jersey # | City | State |
|-------------------------|----------------|-----|----------|------|-------|
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| 15. | | | | | |
| 16. | | | | | |

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

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