

2026 TEAM SOCCER REGISTRATION & ROSTER

Please copy and submit one per team

Name of Delegation: _____

Team Name or Number: _____
 (Limit of 10 characters)

Traditional Team Junior 8-15: _____ Schooler 16-21: _____ Senior 22 +: _____

Unified Team Junior 8-15: _____ Schooler 16-21: _____ Senior 22 +: _____

	ATHLETE NAME:	Uniform #	X Unified Partner	M/F:	AGE:
1.	_____	_____	<input type="checkbox"/>	_____	_____
2.	_____	_____	<input type="checkbox"/>	_____	_____
3.	_____	_____	<input type="checkbox"/>	_____	_____
4.	_____	_____	<input type="checkbox"/>	_____	_____
5.	_____	_____	<input type="checkbox"/>	_____	_____
6.	_____	_____	<input type="checkbox"/>	_____	_____
7.	_____	_____	<input type="checkbox"/>	_____	_____
8.	_____	_____	<input type="checkbox"/>	_____	_____
9.	_____	_____	<input type="checkbox"/>	_____	_____
10.	_____	_____	<input type="checkbox"/>	_____	_____

Level 2 Certified Head Coach*: _____

Level 1 Certified Assistant Coach: 1. _____ 2. _____

*If coaching unified sports, you must have your **Coaching Unified Sports** certification

