



REGISTRATION INSTRUCTIONS

In order to register for the NYS TOURNAMENT OF CHAMPIONS, teams must submit the Team Application (page 2) and Team Roster form (page 3) along with payment (\$500 CASH OR MONEY ORDER ONLY) to our NYS office located at 18205 N. 51 Ave #145. Divisions will max out at eight teams and spots are based on a first come, first serve basis.

Important Information

All teams should expect to play games each day of the tournament (June 3, 4, 5). Teams are guaranteed two games. A team losing their initial game, will be given a “Bowl” game on June 4. Teams will play their opening round game on Friday June 3rd (game start times will be 6 PM and 8 PM on Friday night), second round and bowl games will be played on Saturday June 4th (anytime between 8 AM – 8 PM), championship games will be played on Sunday June 5th (anytime between 8 AM – 8 PM).

Maximum Roster sizes (see below next to each available outdoor sport and division). There is not a play rule minimum in effect for tournament play.

Divisions available (Ages as of 8/1/15):

OUTDOOR CO-ED SOCCER

AGES 10-11: 22 PLAYER ROSTER LIMIT

AGES 12 – 13: 22 PLAYER ROSTER LIMIT

OUTDOOR FLAG FOOTBALL

AGES 8 – 10: 14 PLAYER ROSTER LIMIT

NFL FLAG FOOTBALL DIVISIONS

AGES 11 – 13: 10 PLAYER ROSTER LIMIT

AGES 13 – 15 10 PLAYER ROSTER LIMIT



**NATIONAL YOUTH SPORTS
TOURNAMENT OF CHAMPIONS
TEAM APPLICATION**

OFFICE USE	
Reg. Date	_____
Amt. Paid	_____
Cash Amount:	_____
M/O #	_____

All fields must be completed:

TEAM INFORMATION

Team City: _____

Team Name: _____

Division (Select one): 10-11 Soccer 12-13 Soccer 8 – 10 Flag Football 11 – 13 NFL Flag 13 – 15 NFL Flag

Primary Jersey Color: _____

Secondary Trim Color: _____

HEAD COACH INFORMATION

FIRST Name: _____

Phone #1: _____ - _____ - _____

LAST Name: _____

Phone #2: _____ - _____ - _____

Email (Required): _____

DISCLAIMERS Please read carefully and sign.

1. I understand that NYS will max all divisions out at 8 teams and that initial games will be played on FRIDAY JUNE 3RD at either 6 PM or 8 PM.
2. I understand that there are no refunds after May 1st, 2016.
3. I understand that the Tournament carries no mandatory play rule.
4. All registrations are final and cannot be adjusted until May 15, 2016
5. understand that the Tournament fee only covers the cost of entry into the Tournament and that all travel expenses are the responsibility of the team and its participants, parent and guardians.
6. I have read and understand the Tournament rules. I understand that NYS does not refund any travel expenses, accommodations, etc. for cancellation of the tournament due to low enrollment.

Parent/Guardian Signature: _____ Date: _____

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NATIONAL YOUTH SPORTS
2016 TOURNAMENT OF CHAMPIONS
TEAM ROSTER

All fields must be completed

ROSTER CAN ONLY CONTAIN PLAYERS THAT PARTICIPATED ON YOUR FALL 2015, WINTER 2016, OR SPING 2016 ROSTER!:

PLAYER ROSTER Age as of August 1, 2015. Please print legibly.

	Last Name	First Name	Jersey #	Age	Birthdate
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