

NYSA U9-U10 Friendship Form

1. All players must be registered online at www.normansoccer.org in the recreational program by the registration deadline.
2. This form must be received at the NYSA office via the drop box no later than midnight of the posted deadline.

Coach Name: _____ Phone# _____ *School: _____

Age Division - Circle one: **Boys U9 Boys U10 or Girls U9 Girls U10** Team Level: Low Med High

By my signature, I certify that the parents of each player below have agreed to participate with this friendship team and they have been informed that by doing so, they cannot put their player on any other form/team.

Don't add players to my team. I will be responsible for securing correct number of players.

Signature: _____ Coach email address: _____

Player Name _____ DOB _____ Returning player Y N Playing Up Y N

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U9/U10 Team-Roster Complete

Anyone born prior to 8/1/01 is too old for U-07/U-08 teams.

U-09 (Born between) 8/1/02 - 7/31/03

U-10 (Born Between) 8/1/01 - 7/31/02

Division	Players on Field	Min Roster Size	Max Roster Size	Ball Size
U9 – U10	6	8	12	4