

Official Roster

Team Name _____

Tribe Represented _____

Boys or Girls Team _____

Coach _____

Assistant coach _____

	Parent's Consent	Youth Participant	Date of Birth	Tribe / Roll Number / CDIB	Student	Graduate / GED
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Your assistance is requested in meeting organizational requirements for certification of youth prior to participation in NAYO - sponsored events.

I certify that, according to the best of my knowledge, the above information is accurate.

NAYO Board Representative _____

