NORTHERN ILLINOIS SOCCER LEAGUE

545 Consumers Avenue, Palatine, IL 60074 ◆ Telephone # 847-398-4545 ext 106-108 ◆ Fax # 847-398-4593

30 YEARS OF EXPERIENCE IN ADMINISTRATION & DEVELOPMENT OF COMPETITIVE YOUTH SOCCER
WE PROVIDE THE BEST SERVICE TO THE BEST ORGANIZATIONS

PLAYER REGISTRATION FORM

❑ NEW PLAYER ❑ RETURNING PLAYER

CLUB NAME: _____

AGE DIVISION: _____ TEAM NAME: _____

GENDER OF TEAM: ❑ MALE ❑ FEMALE

PLAYERS REGISTRATION ID #: | | | | | | | | | | | | | | | |

PLAYERS FIRST NAME: _____ MIDDLE INITIAL: _____

PLAYERS LAST NAME: _____

PLAYERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLAYERS PHONE NUMBER: _____

BIRTHDATE: ____/____/ 19____ GENDER ❑ MALE ❑ FEMALE

PLAYERS EMAIL ADDRESS: _____

FATHER	MOTHER
NAME: _____	NAME: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

❑ PROOF OF AGE PROVIDED ❑ PREVIOUS PASS ENCLOSED

PASS NUMBER: | | | | | | | | | | | | | | | |

❑ THIS PLAYER IS NOT REGISTERED WITH ANY OTHER IYSA REGISTERED TEAM / CLUB THIS PLAYING YEAR

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I (OR MY CHILD) IS OBLIGATED TO PLAY FOR ONLY THIS TEAM UNTIL AN APPLICABLE RELEASE FOR ANOTHER TEAM OR CLUB IS OBTAINED

PLAYERS SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____

COACHES SIGNATURE: _____ DATE: _____