



YOUNG SPORTSMEN'S SOCCER LEAGUE

P O Box 724, Arlington Heights, IL 60006-0724
847-818-1440

www.yssl.org

PLAYER REGISTRATION FORM Soccer Year 2010-2011

Club Name: _____

Team Name: _____ Team U-age: _____

Player's First Name _____ Last Name _____

Player's Address: _____

City: _____ State: _____ Zip: _____

Player's Phone: _____ Date of Birth: _____

EMAIL ADDRESS _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

PROOF OF AGE:

Previous Season YSSL Pass ID # _____

Proof of Age for NEW PLAYERS TO THE YSSL:

Government Issued Birth Certificate Passport

By signing this document I have indicated that I (or my child) has not registered with any other IYSA registered team for the above indicated playing year and is committed to playing for only this team.

Player's Signature _____ Date _____

Parent's Signature _____ Date _____

Club/Coach Signature _____ Date _____

This Player Registration Form must be kept on file by the club for the entire playing year.