

Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168

www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2017-2018

CLUB NAME: _____

TEAM NAME: _____ TEAM AGE: _____

PLAYER'S FIRST NAME _____ LAST NAME: _____

PLAYER'S ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PLAYER'S PHONE _____ EMAIL ADDRESS _____

PLAYER'S BIRTHDATE _____

FATHER'S NAME _____ PHONE _____

MOTHER'S NAME _____ PHONE _____

PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # _____

Or

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT
(Circle one)

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 play for only this team. I am aware that IWSL league rules only permit transfers if desired to other clubs during or after the month of January with an applicable release obtained by January 31st and submitted per league rules.

PLAYER'S SIGNATURE _____ DATE _____

PARENT'S SIGNATURE _____ DATE _____

CLUB/COACH SIGNATURE _____ DATE _____

(This form is to be kept on file by the club for the entire playing year indicated)



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Email Address(es) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 5/15/14)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



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 #:

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PLAYERS FIRST NAME: _____ MIDDLE INITIAL: _____

PLAYERS LAST NAME: _____

PLAYERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLAYERS PHONE NUMBER: _____

BIRTHDATE: ____ / ____ / ____

GENDER

MALE

FEMALE

PLAYERS EMAIL ADDRESS: _____

FATHER

MOTHER

NAME: _____ NAME: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

PROOF OF AGE PROVIDED

PREVIOUS PASS ENCLOSED

PASS NUMBER:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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THIS PLAYER IS NOT REGISTERED WITH ANY OTHER US CLUB SOCCER 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: _____



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 Fall 2016 - Spring 2017

Club Name: CHICAGO RUSH SOCCER CLUB

Team Name: _____ Team U-age: _____

Player's First Name _____ Last Name _____

Birthday MM/DD/YYYY _____

Player's Address: _____

City: _____ State: _____ Zip: _____

Primary Email _____

Secondary Email _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Jersey # (required on the YSSL site) _____

Father's Name: _____ Mother's Name: _____

PROOF OF AGE required for players **NEW** 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 for the entire soccer year (Fall and Spring).

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 **current** playing year.