

Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168
847-985-4975 www.iwsl.com

PLAYER REGISTRATION FORM For The Playing Year 2016-2017

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)