



# YOUNG SPORTSMEN'S SOCCER LEAGUE

P O Box 724, Arlington Heights, IL 60006-0724

847-818-1440

[www.yssl.org](http://www.yssl.org)

## PLAYER REGISTRATION FORM

Soccer Year Fall 2016 - Spring 2017

Club Name: \_\_\_\_\_

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.