



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 2014 – Spring 2015

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.