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 2013 - Spring 2014

Club Name:		
Team Name:		TeamU-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 # (<u>required</u> on the YSSI	L site)	
Father's Name:	Mother's Name:	
PROOF OF AGE req	uired for players NEW to the YSSL: Government Issued Birth Certificate	□ Passport
	ve indicated that I (or my child) has not re indicated playing year and is committed to d Spring).	
Player's Signature	D	ate
Parent's Signature	D	ate
Club/Coach Signature	D	ate

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