

Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168

847-985-4975 www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2008-2009

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 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)