Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168 847-985-4975 <u>www.iwsl.com</u>

PLAYER REGISTRATION FORM

For The Playing Year 2015-2016

CLUB NAME:	
TEAM NAME:	TEAM AGE:
PLAYER'S FIRST NAMELAS	ST 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)	
registered team for the above indicated playing y	or my child) has not registered with any other IYSA ear and is committed to play for only this team. I am rs if desired to other clubs during or after the month of nuary 31 st 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)