



# 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 Fall 2008/Spring 2009

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

Team Name: \_\_\_\_\_ U-age: \_\_\_\_\_

Player's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROOF OF AGE:

Previous YSSL Pass ID # \_\_\_\_\_

#### Proof of Age for NEW PLAYERS 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.

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 entire playing year for instance where a challenge to registration may occur.