



ILLOWA YOUTH SOCCER LEAGUE

Player Add Form

CLUB NAME (being added to): _____

TEAM NAME (being added to): _____ AGE DIVISION: U- _____

PREVIOUS TEAM/LEAGUE (if previously rostered during current year): _____

PLAYER'S LEGAL FIRST NAME: _____

PLAYER'S LEGAL LAST NAME: _____

BIRTHDATE: _____ GENDER: MALE _____ FEMALE _____

PLAYER'S STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

PARENT'S EMAIL ADDRESS (OR PLAYER IF OVER AGE 18): _____

PROOF OF AGE - Attach Copy of birth certificate, passport or other government issued ID (for players NEW to Illowa only)

EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER - Attach Copy (Coach must retain original)

PARENT CERTIFICATION: By signing this document I certify that the information provided is accurate, and that I (or my child) is not registered with any other IYSA competitive team for the current playing year. I acknowledge that I understand that a player may only play on one IYSA competitive team at any one time.

Parent Signature (or Player if over age 18) DATE: _____

COACH OR CLUB OFFICER CERTIFICATION: By signing this document, I certify that I have the authority to act on behalf of the above listed team/club. I further certify that the information provided herein is correct, and in compliance with the policies, procedures and rules of Illowa Youth Soccer League.

Coach or Club Officer Signature DATE: _____

PRINT NAME: _____ TITLE: _____