



# ILLOWA YOUTH SOCCER LEAGUE

## Member Release Form

CLUB NAME: \_\_\_\_\_

TEAM NAME : \_\_\_\_\_ AGE DIVISION: U-\_\_\_\_\_

POSITION: PLAYER \_\_\_\_\_ HEAD COACH \_\_\_\_\_ ASSISTANT COACH \_\_\_\_\_ TEAM MANAGER \_\_\_\_\_

MEMBER'S LEGAL FIRST NAME: \_\_\_\_\_

MEMBER'S LEGAL LAST NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GENDER: MALE FEMALE

MEMBER'S STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**SURRENDERED CARD:** The player's or team official's member pass must be submitted with this form.

**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. I certify that the member is being released voluntarily, and with the approval of the player's parent (in the event the player being released is under age 18).

\_\_\_\_\_  
Coach or Club Officer Signature

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_