



ILLOWA YOUTH SOCCER LEAGUE

Team Official Add Form

CLUB NAME (being added to): _____

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

POSITION: HEAD COACH _____ ASSISTANT COACH _____ TEAM MANAGER _____

LEGAL FIRST NAME: _____

LEGAL LAST NAME: _____

BIRTHDATE: _____ GENDER: MALE _____ FEMALE _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

By signing this document I certify that the information provided is accurate. I further acknowledge that I am aware of and agree to comply with the Rules and Regulations of Illowa Youth Soccer League and the Illinois Youth Soccer Association (IYSA) and specifically the IYSA Risk Management Policy, Concussion Awareness Policy, and all other policies mandated by IYSA.

Team Official Signature

DATE: _____