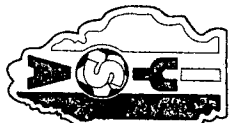


ILLINOIS YOUTH SOCCER ASSOCIATION (IYSA) TEAM REGISTRATION FORM - ILLINOIS LEAGUE



TEAM NAME _____	CLUB/ORGANIZATION _____
COACH'S NAME _____	ASSISTANT COACH _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
HOME PHONE _____	HOME PHONE _____
CELL PHONE _____	CELL PHONE _____

AGE GROUP Under- _____

Boys Girls

LEAGUE _____

ILLINOIS

TEAM COLORS

Jersey: _____

Shorts: _____

INDICATE SEASON/YEAR

Spring Fall 20__

FOR LEAGUE USE ONLY:

IYSA TEAM CODE _____

TYPE OR PRINT ALL INFORMATION IN BLACK INK - FORM MUST BE PRINTED ON 8-1/2 x 14" PAPER

LAST NAME, FIRST NAME	STREET ADDRESS, CITY, STATE, ZIP	TELEPHONE (w/ Area Code)	BIRTH DATE	PASS NUMBER (From League)	PLAYER SIGNATURE	DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

We, the undersigned, Head Coach, Primary Assistant Coach, and Director of Coaching (if applicable) certify that we are authorized to act on behalf of the above listed Team (hereinafter known as The Team) and that we are the official passed coaches and representatives of The Team to the Illinois Youth Soccer Association (hereinafter known as the IYSA) and its affiliated league. We hereby certify that the information provided herein is accurate. We understand and agree to abide by the policies, procedures and rules of the IYSA and its affiliated league including the IYSA's Code of Conduct for Coaches, its Risk Management Policy, Goal Safety Policy, and the policies and procedures regarding Hosting and/or Participating in USYS sanctioned tournaments and/or friendly games. We understand that we are responsible for the actions of The Team and its players, parents and supporters. We agree that we can be placed in bad standing with the IYSA if we or persons associated with The Team violate any one of the rules, policies and procedures of the IYSA or its affiliated league. **BOTH COACHES SIGNATURES ARE REQUIRED!**

FOR IYSA AFFILIATED LEAGUE VALIDATION & STAMP ONLY!

I, the authorized IYSA League Official, attest that the information contained herein is correct.

League Official's Signature _____

HEAD COACH SIGNATURE _____ PRINT NAME _____ DATE _____

ASSISTANT COACH SIGNATURE _____ PRINT NAME _____ DATE _____

Print Name _____ Date _____

← BOTH COACHES SIGNATURES ARE REQUIRED!