

# Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168

847-985-4975 www.iwsl.com

## PLAYER REGISTRATION FORM

For The Playing Year 2011-2012

CLUB NAME: **PALATINE CELTIC SOCCER CLUB**

TEAM NAME: Select Premier United Classic (circle one) TEAM AGE: \_\_\_\_\_ Girls

PLAYER'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PLAYER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: IL ZIP: \_\_\_\_\_

PLAYER'S PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PLAYER'S BIRTHDATE \_\_\_\_\_ 2<sup>nd</sup> EMAIL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # \_\_\_\_\_

Or if a New player see below

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT

(Circle one & provide a Copy)

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 play for only this team. I am aware that IWSL league rules only permit transfers if desired to other clubs during or after the month of January with an applicable release obtained and submitted per league rules.

PLAYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CLUB/COACH SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(This form is to be kept on file by the club for the entire playing year indicated)