



NORTHERN ILLINOIS SOCCER LEAGUE

545 Consumers Avenue, Palatine, IL 60074 ♦ Telephone # 847-398-4545 ext 106-108 ♦ Fax # 847-398-4593

30 YEARS OF EXPERIENCE IN ADMINISTRATION & DEVELOPMENT OF COMPETITIVE YOUTH SOCCER
WE PROVIDE THE BEST SERVICE TO THE BEST ORGANIZATIONS

★ PLAYER REGISTRATION FORM ★

NEW PLAYER

RETURNING PLAYER

CLUB NAME: _____

AGE DIVISION: _____ TEAM NAME: _____

GENDER OF TEAM:

MALE

FEMALE

PLAYERS REGISTRATION ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PLAYERS FIRST NAME: _____ MIDDLE INITIAL: _____

PLAYERS LAST NAME: _____

PLAYERS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLAYERS PHONE NUMBER: _____

BIRTHDATE: ____ / ____ / 19 ____

GENDER

MALE

FEMALE

PLAYERS EMAIL ADDRESS: _____

FATHER

MOTHER

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

EMAIL: _____

EMAIL: _____

PROOF OF AGE PROVIDED

PREVIOUS PASS ENCLOSED

PASS NUMBER:

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THIS PLAYER IS NOT REGISTERED WITH ANY OTHER US CLUB SOCCER REGISTERED TEAM / CLUB THIS PLAYING YEAR

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I (OR MY CHILD) IS OBLIGATED TO PLAY FOR ONLY THIS TEAM UNTIL AN APPLICABLE RELEASE FOR ANOTHER TEAM OR CLUB IS OBTAINED

PLAYERS SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____

COACHES SIGNATURE: _____ DATE: _____