



# 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 #:

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PLAYERS FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

PLAYERS LAST NAME: \_\_\_\_\_

PLAYERS ADDRESS: \_\_\_\_\_

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

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

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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: \_\_\_\_\_