

NORTHERN ILLINOIS SOCCER LEAGUE

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

\star PLAYER REGISTRATION FORM \star

NEW PLAYER

D RETURNING PLAYER

E DIVISION:	TEAM NAME:							
GENDER OF TEAM:	O MALE							
Г								
PLAYERS REGISTRATION ID #:								
PLAYERS FIRST NAME:MIDDLE								
PLAYERS LAST NAME:								
PLAYERS ADDRESS:								
CITY:								
PLAYERS PHONE NUMBER:								
BIRTHDATE: / /		GENDER			🛛 FE	MALE		
PLAYERS EMAIL ADDRESS:								
FATHER		MOTHER						
NAME:		NAME:						
PHONE:		PHONE: —						
EMAIL:		EMAIL: —						
PROOF OF AGE PROVIDED			CLOSED					
	PASS NU							—
THIS PLAYER IS NOT REGISTERI THIS PLAYING YEAR	ED WITH ANY OTHE	R US CLUB	SOCCER	REGISTER	ED TEAM / (CLUB		
I UNDERSTAND THAT BY SIGNING 1 UNTIL AN APPLICABLE RELEASE F					PLAY FOR	ONLY	THIS	TEA
PLAYERS SIGNATURE:					– DATE:			
PARENTS SIGNATURE:					– DATE:			
COACHES SIGNATURE:					– DATE:			