YOUNG SPORTSMEN'S SOCCER

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P O Box 724, Arlington Heights, IL 60006-0724 **847-818-1440**

www.yssl.org

PLAYER COMMITMENT FORM

Soccer Year - Fall 2022 - Spring 2023

Club Name:			
Team Name:		TeamU-age	:
Player's First Name	Last Name		
Birthday MM/DD/YYYY			
Player's Address:			
City:	State:	Zip:	
Email			
Cell Phone:			
Jersey # (<u>required</u> on the YSSL site) _			
Parent/Guardian Name:	Phone:		
Parent/Guardian Name:	Phone:		
PROOF OF AGE required fo	or players NEW to the YSSL:		
	overnment Issued Birth Certificate		Passport
By signing this document I have indic or IYSA registered team for the above team. For the Fall 2021/Spring 2022 so other clubs if requested prior to Febru	e indicated playing year and is com eason I am aware that YSSL league	mitted to play for e rules only perm	r only this
Player's Signature	D	ate	
Parent/Guardian Signature	D	ate	
Club/Coach Signature	D	ate	

This Player Registration Form must be kept on file by the club for the current playing year.