

Illinois Women's Soccer League

PO Box 808, West Dundee, IL 60118

www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2024-2025

CLUB NAME: _____

TEAM NAME: _____ TEAM AGE: _____

PLAYER'S FIRST NAME _____ LAST NAME: _____

PLAYER'S ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PLAYER'S PHONE _____ EMAIL ADDRESS _____

PLAYER'S BIRTHDATE _____

PARENT/GUARDIAN NAME _____ PHONE _____

PARENT/GUARDIAN NAME _____ PHONE _____

PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # _____

Or

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT

(Circle one)

By signing this document I have indicated that I (or my child) has not registered with any other **IWSL** or **IYSA** registered team for the above indicated playing year and is committed to play for only this team.

*For the Fall 2024/Spring 2025 season I am aware that IWSL league rules only permit transfers to other clubs after January 1, 2025 at the earliest **if the release is requested by January 31st 2025 and is in***

***compliance with IWSL league rules.** The rules are available to public view at:*

<https://www.iwsl.com/anypage.php?f=rules.htm&title=Rules%20&%20Regs#Transfer>

PLAYER'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CLUB/COACH SIGNATURE _____ DATE _____

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