

YOUNG SPORTSMEN'S SOCCER LEAGUE

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

www.yssl.org



PLAYER COMMITMENT FORM Soccer Year - Fall 24 - Spring 2025

Club Name: _____

Team Name: _____ Team U-age: _____

Player's First Name _____ Last Name _____

Birthday MM/DD/YYYY _____

Player's Address: _____

City: _____ State: _____ Zip: _____

Email _____

Cell Phone: _____

Jersey # (**required** on the YSSL site) _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

PROOF OF AGE required for players **NEW** to the YSSL:

Government Issued Birth Certificate Passport

By signing this document I have indicated that I (or my child) has not registered with any other YSSL 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 YSSL league rules only permit transfers to other clubs, if requested after the fall season & prior to February 15. The rules are available at yssl.org

Player's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Club/Coach Signature _____ Date _____

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