



LISLE PARK DISTRICT

YOUTH SOCCER

PLAYER INFORMATION FORM



CIRCLE DIVISION:

DIV I: KIND

DIV II: 1ST & 2ND

DIV III: 3RD & 4TH

DIV IV: 5TH & 6TH

PLEASE PRINT

Player's Name _____ Male Female

Parents/Guardian Names _____

Address _____

City _____ Grade _____

Parents Email (req.) _____

Daytime Phone _____ Evening Phone _____

Date of Birth _____ Age: _____

School Name _____

Any Physical Problems? Yes _____ No _____

If yes, please explain _____

Shirt Size (circle one)

YM YL AS AM AL AXL

Team requests may be listed below, however they **may or may not be honored** based on equal distribution of teams! **ONLY** requests for a particular coach or player will be considered. **Practice location or day of the week requests will not be taken.**

Requests: _____

I WOULD LIKE TO HELP COACH (please include your first name):

_____ Coach (no experience necessary)

_____ Assistant Coach