



## INSURANCE CERTIFICATE REQUEST FORM

You must list all of your league affiliations. Current competitive leagues affiliated with the Illinois Youth Soccer Association (IYSA) are: CIYSL, IWSL, Illowa, SISL, and YSSL. For a current listing off affiliated recreational leagues, please visit our website at [www.illinoisyouthsoccer.org](http://www.illinoisyouthsoccer.org). Certificate will be emailed to the Certificate Holder as well as the Club/League Officer submitting the request. Incomplete requests will be rejected. Please allow up to 7 days to process all requests. Revised 11/11/13

Club/League \_\_\_\_\_  RECREATIONAL  TRAVEL/COMPETITIVE

Name of Club/League Officer (The Undersigned) \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

League Affiliations \_\_\_\_\_

### Check all of the teams for which you are seeking coverage:

Girls:  U8 & younger  U9  U10  U11  U12  U13  U14  U15  U16  U17  U18  U19

Boys:  U8 & younger  U9  U10  U11  U12  U13  U14  U15  U16  U17  U18  U19

Coed:  U8 & younger  U9  U10  U11  U12  U13  U14  U15  U16  U17  U18  U19

### Check all events for which you are seeking coverage:

Practices  League Game  IYSA/USYS Tournaments  Other, please explain \_\_\_\_\_

List the name and address of the certificate holder (name of the facility being used for IYSA affiliated soccer games or practices) as it should appear on the insurance certificate. This certificate is valid for IYSA affiliated teams that are participating in IYSA activities only and is considered void for activities that involve players and coaches that are not currently and validly registered with the IYSA.

Check if additional insured statement is required.  Check if you want certificate emailed to the club/league officer listed.

Send Certificate to the Attention of \_\_\_\_\_ Email \_\_\_\_\_

Name of Certificate Holder \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*I, the undersigned, certify that I am the official representative and have the authority to execute this document on behalf of the above listed club/league. Further, I certify that the organization, club, teams, players and coaches using the above indicated facility for which I request an IYSA Certificate of Insurance are all currently and properly registered with the Illinois Youth Soccer Association and are in good standing with the IYSA and the designated league(s) and will use the facility for IYSA affiliated league games, practices, events only. I understand and agree that if any fact or circumstance is found at a later date to be untrue, any claim or action arising therefrom shall be excluded from IYSA coverage.*

Signature of Club/League Officer \_\_\_\_\_ Date \_\_\_\_\_

### FOR ILLINOIS YOUTH SOCCER ASSOCIATION VERIFICATION ONLY:

IYSA VERIFICATION \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

Submit completed form via mail/fax/email to:

Illinois Youth Soccer, 1655 S. Arlington Heights Road, Suite 201, Arlington Heights, IL 60005  
847/290-1577 • 847/290-1576(F) • [mk@illinoisyouthsoccer.org](mailto:mk@illinoisyouthsoccer.org) • [www.illinoisyouthsoccer.org](http://www.illinoisyouthsoccer.org)