



INSURANCE CERTIFICATE REQUEST FORM

This new revised certificate does not require a signature from your league. However you must list all of your league affiliations. Call the Illinois Youth Soccer Association (IYSA) if uncertain about your league. Certificate will be sent to the Certificate Holder unless otherwise indicated. The request for the insurance certificate must be signed and submitted by the president/officer of the association requesting the certificate. Requests from individual teams or coaches will not be accepted. Incomplete requests will be rejected without notice. Submit your requests early. Revised 9/11/08

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