

4 USYSA National Championships
6 USYSA National Finalists
11 USYSA Region II Championships
37 Illinois State Cup Championships
17 USYSA MWRL Championships



4 USASA National Championships
1 USASA National Finalist
5 USASA Regional Championships
7 USASA State Championships

Eclipse Select Soccer Club, Inc. 872 S. Milwaukee Avenue #260 Libertyville, Illinois 60048

Permission Form
Currently Rostered/Registered Players

Date: _____

Player's Name: _____

Player's Date of Birth: _____

Current Club Name: _____

Current Team Name: _____

Current Coach's Name: _____

Current Coach's Phone Number: _____

This document gives permission to the above-named player to participate in all activities with the Eclipse Select Soccer Club. I _____, (print coach's name) understand that the Eclipse Select Soccer Club has not approached my player by any means to be part of its programs, and that this player had not participated in any Eclipse Select Soccer Club programs prior to me signing this document.

I give my permission for _____ (print player's name) to participate in any Eclipse Select Soccer Club programs.

Current Coach's Signature: _____ Today's Date: ___/___/___

****Please remember to also have a signed IYSA Medical Release Form****

