



# AYER-SHIRLEY YOUTH SOCCER

## FALL 2017 REGISTRATION

Player Name: \_\_\_\_\_

Gender: M or F Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Best contact phone#: \_\_\_\_\_

Email: \_\_\_\_\_

School Attending: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

ID #: \_\_\_\_\_

Any Allergies/previous injury: \_\_\_\_\_

*(Please explain in detail on back of registration)*

Team played on Spring 2017: \_\_\_\_\_

Would you be able to coach (Y/N)? \_\_\_\_\_

*Injury Waiver: I hereby absolve the Ayer/Shirley Youth Soccer Club including all coaches, managers, officers, and others participating in league activities from all liability and will not hold them responsible for injury incurred to the registered person and hereby give my approval to my child's participation in this league. It is my understanding that the ASYS board has authority to suspend registered players for poor behavior detrimental to the purpose of the league. In case of emergency, I give permission to secure medical treatment at the most readily available hospital emergency room. I accept full financial responsibility for medical care of the registrant.*

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

### PLAYER'S GRADE FALL 2017

(circle one):

3 4 5 6 7 8 9 10 11 12

REGISTRATION DEADLINE: 6/30/2017.

Registrations received after 6/30/2017 will be subject to placement on wait list and a \$25 late fee)

Pay in full by 6/30/2017 or Split Payment Option:

One half WITH registration; then balance by 08/11/2017

### FALL 2017 FEES:

Grade:

3&4: \$85.00 5&6: \$100.00

7 through 12: \$110.00

\*Family discount \$5 off each additional sibling registration in ASYS.\*

Uniform: Full Uniform: \$40.00 Jersey: \$20

Shorts : \$15 Socks \$5.00

*Uniform only needed for purchase if player does not have one already.*

Make check payable to: Town of Shirley Recreation

Mail to: 7 Keady Way; Shirley, MA 01464

To register and pay online: [www.shirley-ma.gov](http://www.shirley-ma.gov)

Official Use Only

Check #: \_\_\_\_\_ Date Rcd: \_\_\_\_\_ Amt Pd: \_\_\_\_\_