



Shirley Youth Soccer

Spring 2017 Registration Form U4-U8

U4: Must be 3y by 9/1/16

U5: Must be 4y by 9/1/16

U6: Must be 5y by 9/1/16

U8: Must be 6y by 9/1/16

Player/Parent Information:

Child age on 9/1/16 _____

Player Name: _____ **DOB:** _____ **Male/Female**

Parent/Guardian Name: _____

Address: _____

Best contact #: _____

Email: _____

Helping with Coaching/ Assistant Coaching _____

Player age group played in Fall 2016 (if any): _____

Emergency Contact / Health Insurance Information:

Emergency contact Name: _____

Emergency phone #: _____

Health Insurance: _____ **ID #:** _____

Does child have any allergies/medical conditions: _____

Please describe on back of form in detail.

Injury Waiver/Parental Permission for Emergency Treatment: I hereby absolve the SYS club; including all coaches, managers, officers and other participating in league activities from all liability and will not hold them responsible for injury incurred to the registered player and hereby give approval to my child's participation in this league. It is my understanding that the SYS 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 Signature: _____ **Date:** _____

Prices: **Registration Deadline 3/3/2017** (\$10 late fee after 3/3/17)

U4:\$30.00 Checks Payable to: Shirley Recreation

U5:\$30.00 Mail to: 7 Keady Way; Shirley, MA 01464

U6:\$35.00 Pay/Register online: www.shirley-ma.gov

U8:\$50.00 *Includes game shirt purchase*

Official Use Only
Check #: _____
Date Rcd: _____
Amt Pd: _____