



Ayer/Shirley Youth Soccer Registration Form

U10-U18 Spring 2010

Registration and Fee Due by December 11th

*Registrations received after December 11th will be placed on a waiting list. The Ayer/Shirley Youth Soccer Club enters teams in the Nashoba Valley Youth Soccer League.
Playing season: 8 weeks starting in April*

Name: _____ Sex: M F DOB: _____

Address: _____

Home Phone: _____ Work/ Cell _____ Email* _____

*Providing your email will allow us to confirm registration and provide better communication all season.

School attending: _____

Age Group played on in Fall 2009: _____ Coach: _____

Medical Insurance Carrier: _____

Policy#: _____

Please write on back any medical information we should have. (example: Allergies, previous injuries-sprains, broken bones, etc)
Yes, see back of form _____ No _____

***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 (Please Print)

Parent/Guardian Signature

Date

Player Born Between (Check One)	Team Level	Reg. Fee
<input type="checkbox"/> 8/1/99-7/31/01	Under 10	\$60
<input type="checkbox"/> 8/1/97-7/31/99	Under 12	\$60
<input type="checkbox"/> 8/1/95-7/31/97	Under 14	\$60
<input type="checkbox"/> 8/1/91-7/31/95	High School	\$80

Please provide current uniform number _____

* **Family Discount:** each additional sibling playing within the Ayer-Shirley NVYSL will receive a \$5 discount*

\$45.00 Required Uniform Purchase ___ Youth Lg ___ Adult Sml ___ Adult Med ___ Adult Lg
(You do not need to purchase a uniform if you already have an Ayer/Shirley Youth Soccer Uniform)

Make check payable to: *Town of Shirley Recreation*
Mail the registration to: Town of Shirley Recreation
7 Keady Way
Shirley, MA 01464

Or drop off: at the Shirley Recreation mailbox in Shirley's Town Office.

Official Use Only

Check No. _____

Date Rcvd. _____

Payment \$ _____

If you can help coach/assistant coach a team please check: _____ Coach _____ Assistant Coach

For more information please see our website www.shirley-ma.gov