



# AYER-SHIRLEY YOUTH SOCCER

## FALL 2019 REGISTRATION

PLAYER'S GRADE FALL 2019

(circle one):

3 4 5 6 7 8 9 10 11 12

**REGISTRATION DEADLINE: 7/12/2019.**

**Registrations received after 7/12/2019 will be placed on wait list and pay a \$10 late fee**

Pay in full with registration \_\_\_\_

OR

Split Payment Option \_\_\_\_

One half WITH registration; then balance by 08/16/2019

### FALL 2019 FEES:

Grade: **3&4:** \$90.00 **5&6:** \$105.00

**7 through 12:** \$115.00

**\*Family discount \$5 off each additional sibling registered 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)

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

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

Home Town: \_\_\_\_\_

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

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

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

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

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

Team played on Spring 2019: \_\_\_\_\_

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

*Official Use Only*

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