



# ACUSHNET YOUTH SOCCER ASSOCIATION FALL 2023

Acushnet, MA P.O. Box 30089

**PLAYER REGISTRATION \$145 (Non-Refundable)**

**\$25 Late fee after July 1<sup>st</sup>.**

Like us on FACEBOOK

[www.Acushnetyouthsoccer.com](http://www.Acushnetyouthsoccer.com)



[www.mayouthsoccer.org](http://www.mayouthsoccer.org)

**\*\*\*Please PRINT clearly\*\*\***

PLAYER NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GENDER: M / F

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\*\* must provide EMAIL: \_\_\_\_\_**

☐ Please check here if you are new to the fall program. ☐ Check here if you *DO NOT* want us to use your child's photo on our site.

School grade during the season: \_\_\_\_\_

MEDICAL CONDITIONS/ALLERGIES: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

## PARENTAL APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer in consideration for Mass Youth Soccer accepting my child to the Acushnet Youth Soccer, I hereby release, discharge and/or otherwise indemnify Mass Youth Soccer, its affiliated organizations, including, but not by way of limitation, the of fields and facilities used for Acushnet Youth Soccer, against any claim by me or on my behalf of my child as a result of my child's participation at Acushnet Youth Soccer and or being transported to or from any practice or competition associated with the Acushnet Youth Soccer which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in soccer. I hereby give my consent to have an athletic trainer, emergency medical technician and/or Doctor of Medicine or dentistry provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of such assistance and/or treatment.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

### JERSEY

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Med   | <input type="checkbox"/> Adult Med   |
| <input type="checkbox"/> Youth LG    | <input type="checkbox"/> Adult LG    |
|                                      | <input type="checkbox"/> Adult X-LG  |

### SHORTS

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Youth Med   | <input type="checkbox"/> Adult Med   |
| <input type="checkbox"/> Youth LG    | <input type="checkbox"/> Adult LG    |
|                                      | <input type="checkbox"/> Adult X-LG  |

### SOCKS

- |                                |
|--------------------------------|
| <input type="checkbox"/> Youth |
| <input type="checkbox"/> Adult |

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INITIALS: \_\_\_\_\_

**\*OFFICIAL USE ONLY\***

DATE: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH: \_\_\_\_\_ CREDIT CARD: \_\_\_\_\_ TOTAL AMOUNT: \_\_\_\_\_