



ACUSHNET YOUTH SOCCER ASSOCIATION
ADULT REGISTRATION
Spring 2024



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****PLEASE PRINT CLEARLY****

NAME: _____ D.O.B.: _____ SEX: M / F

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

****Must Provide EMAIL:** _____

PLEASE CHECK WHICH ONE
YOUR REGISTERING FOR

DO YOU HAVE A COACHING LICENSE

YES NO

- COACH - Shirt Size: _____
- ASST. COACH - Shirt Size: _____
- TEAM PARENT - Shirt Size: _____

IF YES PLEASE INDICATE BELOW

NAME OF CHILD/CHILDREN: _____

DIVISION: _____

DIVISION: _____

COACH: _____

COACH: _____

ASST. COACH: _____

ASST. COACH: _____

TEAM PARENT: _____

TEAM PARENT: _____

OFFICIAL USE ONLY
(Please make sure all is filled out)

INITIALS: _____

DATE: _____