



# ACUSHNET YOUTH SOCCER ASSOCIATION ADULT REGISTRATION FALL 2023

Acushnet, MA P.O. Box 30089

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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**

- ☐ ADMINISTRATOR
- ☐ COACH
- ☐ ASST. COACH
- ☐ TEAM PARENT



NAME OF CHILD/CHILDREN: \_\_\_\_\_

DIVISION: \_\_\_\_\_

DIVISION: \_\_\_\_\_

COACH: \_\_\_\_\_

COACH: \_\_\_\_\_

ASST. COACH: \_\_\_\_\_

ASST. COACH: \_\_\_\_\_

TEAM PARENT: \_\_\_\_\_

TEAM PARENT: \_\_\_\_\_

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

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

DATE: \_\_\_\_\_