



ACUSHNET YOUTH SOCCER ASSOCIATION FALL 2025

Acushnet, MA P.O. Box 30089

PLAYER REGISTRATION \$145 plus processing fee
(Non-Refundable)

\$25 Late fee after August 1st.

Like us on FACEBOOK



www.Acushnetyouthsoccer.com

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 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: _____

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 |

INITIALS: _____

OFFICIAL USE ONLY

DATE: _____ CHECK #: _____ CASH: _____ CREDIT CARD: _____ TOTAL AMOUNT: _____