


Check us out on  : Adams, Cheshire, Savoy Youth Soccer Association

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FALL 2018 REGISTRATION - Elite Division

The Youth Soccer Program Elite Division is for boys and girls in grades 9-12. The fall season will start on **September 9** with a jamboree held at Valley Street soccer fields from 3-5 pm. Games begin on **September 16, 2018** and run through **November 4, 2018**. Elite Division sessions are from 1:30 to 3:00 on Sundays.

For more information, go to www.acsysoccer.weebly.com

Registration Fee: **Early Registration Bonus: Register and pay by September 8th and take \$5.00 per child off of your registration fee**

1 child \$40.00 2 children \$60.00 3 or more children \$75.00

(no refunds will be issued)

Registrations may be mailed to: **ACS YOUTH SOCCER**
PO Box 613, Adams, MA 01220

Make checks payable to: **ACS Youth Soccer**

For questions please contact Lisa Dubreuil at 446-9882 or Tim Herrmann at 672-8723

Name: _____ Sex: _____ DOB: _____

Address: _____ Phone number: _____

Parent's Email Address: _____

Grade in school in Fall 2018: _____ School Attended: _____

Plays travel soccer (please circle): Yes/No Experience level: ___ Beginner ___ Intermediate ___ Advanced

Special Requests/Comment: _____

Medical concerns: _____

Medical Release: We the parents of the above named child(ren), who is a candidate for a position on the ACS Youth Soccer Association, hereby give our consent to his/her participation in any and all activities of the ACS Youth Soccer Association. We assume all risks and hazards incidental to the conduct of the activities of the league, including transportation to and from activities. We agree to release, absolve, and hold harmless the ACS Youth Soccer Association, its organizers, officers, medical personnel, and supervisors for any and all liability or damages assessed. We will furnish a birth certificate upon request of League officials. • **Yes** • **No**

The ACSYSA reserves the right to place players on the teams in order to balance the team out. *Parents: Remember that the coaches are volunteers and need your support.*

Photo/Name Release: I hereby give permission to the ACS Youth Soccer Association to use, in publications, press releases, on the website, and any other promotions, my child's name and any photograph or video footage in which my child may appear, without prior notification. This permission is granted for length of my child's participation in soccer this season. • **Yes** • **No**

Parent Name: _____ **Signature:** _____
(PLEASE PRINT)

!!! HELP - WE NEED VOLUNTEERS !!!

I am willing to volunteer to help out the ACSYSA in the following manner:

Coach: _____ Assistant Coach: _____ Concession help: _____ Referee: _____

Volunteer's NAME & Phone No.: _____