



**Adams, Cheshire, Savoy Youth Soccer Association  
 SPRING 2020 REGISTRATION  
 PRE-K & KINDERGARTEN REGISTRATION**

The Spring season will start on **April 26** and run through **June 14**.  
 All sessions will be held on **SUNDAY AFTERNOONS from 1:30pm to 2:30pm**  
 at the Valley Street Soccer fields.

For more information, go to [www.acsysoccer.weebly.com](http://www.acsysoccer.weebly.com)

**Registration Fee:** **Early Registration Bonus: Register and pay before April 26 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**

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*

<b>Child's Name:</b>		<b>Age:</b>	
<b>Current Grade in School:</b>		<b>Gender:</b>	
		<b>T-shirt size:</b>	
<b>Parent's Name:</b>			
<b>Email:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>Special Requests / Comments:</b>			
<b>Medical Concerns:</b>			

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.*

**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**

**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 the duration of my child's participation in soccer this season.     **Yes**     **No**

**Parent Signature:** \_\_\_\_\_

**!!! HELP - WE NEED VOLUNTEERS !!!**

I am able to volunteer in the following manner:

- |  |  |                |
|--|--|----------------|
| <input type="checkbox"/> Coach           | <input type="checkbox"/> Concession help | Name: _____    |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Referee         | Phone #: _____ |