

NARRAGANSETT YOUTH SOCCER

Templeton Recreation Commission

NAME _____

Sex: M or F

ADDRESS _____

Tel # _____

PARENTS NAME(S) _____

E Mail Address _____

Age (as of September 1, 2015) _____

Date of Birth _____

LEAGUE COST WILL BE \$40 per child with a family cap of \$100. Make check payable to Narragansett Youth Soccer.

DIVISION: (Circle One)

Under 6 Boys and Girls Combined (4 and 5 year olds)

Under 8 Boys and Girls combined (6 and 7 year olds)

Under 11 Boys (8, 9 and 10 year olds)

Under 11 Girls (8, 9 and 10 year olds)

Under 14 Boys (11, 12 and 13 year olds)

Under 14 Girls (11, 12 and 13 year olds)

Shirt Size: (circle one)

Youth:	Small	Medium	Large	Extra Large	
Adult:	Small	Medium	Large	Extra Large	XX-Large

Are you interested in coaching: _____ YES _____ NO

Assistant coaching: _____ YES _____ NO

Name of Person Interested _____

Email address _____

I UNDERSTAND THAT THIS SOCCER PROGRAM IS NOT AFFILIATED WITH ANY NATIONAL ORGANIZATION. THEREFORE I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED UPON MY CHILD WHILE A PARTICIPANT IN THE SOCCER PROGRAM.

If you have questions please call Liz Syring 978- 939- 4036

Please mail forms and payment to: 25 French Rd, Templeton, MA 01436

SIGNATURE OF PARENT OR GUARDIAN

Deadline 7/1/15 or late fee will incur