

Registrations due by November 17, 2016. Late registrations will be placed on a waiting list.

Games will be played Saturdays beginning in early Dec. The 8 week season will end before Feb. vacation.

Name:		Sex: M F DOB:
Address:		
Home Phone:	Work Phone:	Email:
*Providing your email will a	llow us to confirm registration and provide better o	communication all season.
School attending:	Grade:	Please note grade in box above
Medical Insurance Car	rier:	
Policy#		
Please write on back	any medical information we should have. (Exampl Yes, see back of form	e: Allergies, previous injuries – sprains, broken bones, etc.) No
liability and will not hold the league. It is my understand the purpose of the league. I	em responsible for injury incurred to the registered pe ing that the Shirley Recreation Commission has autho	nagers, officers, and others participating in league activities from erson and hereby give my approval to my child's participation in prity to suspend registered players for poor behavior detrimental dical treatment at the most readily available hospital emergency
Parent/Guardian (Pleas	e Print)	
Parent/Guardian Signat	ure	Date:
Make check payable to:	Town of Shirley Recreation Commission	
Mail registration to:	Shirley Recreation Commission	
	7 Keady Way	
	Shirley, MA 01464	
Or drop off: at the Shirl	ey Recreation mailbox in Shirley's Town Office	۶.
If you can help coach/as	sistant coach a team, please check:Coa	achAssistant Coach
You can also register an online."	d pay online. Go to <u>www.shirley-ma.gov</u> Rec	creation Commission page and click on "register and pa

For more information please see our website <u>www.shirley-ma.gov</u>.