

SBYSA REGISTRATION FORM 2009

Travel _____ Sponsor Name _____ In-house _____

Players Name First: _____ Last: _____

Address: _____

City:- _____ State: _____ Zip Code: _____ County: _____

Birth Date (mm/dd/yyyy): _____ Gender: M/F

Shirt Size (circle one): Youth S M L / Adult S M L XL XXL **Sock Size** (circle one): Youth or Adult

Age as of July 31: _____ Age Group (circle one below): Birthday must fall on or between dates

U-6 = 08/01/2003 to 07/31/2004 **U-8** = 08/01/2001 to 7/31/2003 **U-10** = 08/01/1999 to 07/31/2001

U-12 = 08/01/1997 to 07/31/1999 **U-14** = 08/01/1995 to 07/31/1997 **U-16** = 08/01/1993 to 7/31/1995

Parent/ Guardian First Name: _____ Last Name: _____

Home Phone: _____ Cell/Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Medical Conditions / Problems: _____

Email: _____

Qty **Nonrefundable Recreation Fees**

_____ Number of Travel Players (\$50 per player) _____

 In-house Fees

_____ Registrant is oldest sibling or only family member playing for SBYSA (\$40) _____

_____ Registrant has older sibling (s) playing for SBYSA (\$5 discount) (\$35) _____

A \$5 late fee will be assessed per player after advertised registration date (# x \$5) _____

Additional Clothing Order form Amt \$ _____

 Sponsor Fees

Travel Sponsor Fee (\$175) _____

In-house Sponsor Fee (\$150) _____

 (Checks payable to "SBYSA") **Total Due** \$ _____

Name of older sibling: _____ Age: _____

Second sibling: _____ Age: _____

Third sibling: _____ Age: _____

Fourth sibling: _____ Age: _____

-----staff use only below this line-----

Date _____ Check# or Cash _____ Amount Paid _____ for # of players _____ U- _____