

SBYSA REGISTRATION FORM 2011

Travel: _____ In-House: _____

Players First Name: _____ Last Name: _____

Address: _____

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

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

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

Age as of July 31st: _____

_____ U6 = 08/01/2005 to 07/31/2006	_____ U12 = 08/01/1999 to 07/31/2001
_____ U8 = 08/01/2003 to 07/31/2005	_____ U14 = 08/01/1997 to 07/31/1999
_____ U10 = 08/01/2001 to 07/31/2003	_____ U16 = 08/01/1995 to 07/31/1997

Parent/Guardian First Name: _____ Last Name: _____
 Home Phone: _____ Cell Phone: _____
 Emergency Contact: _____ Emergency Phone: _____
 Medical Conditions/Problems: _____
 Email Address: *Please print clearly* _____

NONREFUNDABLE FEES

Municipal Recreation Program

_____ Number of Travel Players \$60.00 per player \$ _____

In-House Program

_____ Registrant is oldest sibling or only family member playing \$45.00 \$ _____

_____ Registrant has older sibling playing (\$5.00 discount) \$40.00 \$ _____

_____ A \$10.00 late fee will be assessed per player after advertised registration date \$10.00 per player _____

Total: \$ _____

Name of older sibling: _____ Age: _____
 Second sibling: _____ Age: _____
 Third sibling: _____ Age: _____
 Fourth sibling: _____ Age: _____

SPONSOR FEES

Travel Sponsor Fee:	\$175.00
In-House Sponsor Fee:	\$150.00
Sponsor Name: _____	

Staff Use Only Below this Line. Thank You

Date _____ Cash _____ Check# _____ Total _____
 Number of Players _____
 Sponsor Name _____