

# SBYSA SPRING SOCCER REGISTRATION 2012

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Player's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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 XXXL

Age as of July 31<sup>st</sup>: \_\_\_\_\_

Age Group (Select one): Birthday must fall between dates.

- U-10 Coed (08/01/2001 to 07/31/2003)
- U-12 Coed (08/01/1999 to 07/31/2001)
- U-14 Coed (08/01/1997 to 07/31/1999)
- U-16 Coed (08/01/1995 to 07/31/1997)

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medical Conditions/Problems: \_\_\_\_\_

Email (Please print clearly): \_\_\_\_\_

## Nonrefundable Recreation Fees

Registration amount for first player: \$ 25.00 \_\_\_\_\_

Registration amount for each additional player: \$ 20.00 \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

## Checks payable to "SBYSA"

Name of first sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Name of second sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Name of third sibling: \_\_\_\_\_ Age: \_\_\_\_\_

-----Staff use only below this line-----

Date: \_\_\_\_\_ Check # or Cash \_\_\_\_\_ Amount Paid: \_\_\_\_\_ for # of players \_\_\_\_\_

Please mail forms to SBYSA, PO Box 47, Bangor, Pa 18013. Forms must be received no later than January 1, 2012.