

# SBYSA 2016 REGISTRATION FORM

Travel  In-house  (please print clearly)

Player's 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

Please check the appropriate age level

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> U7 = 2010-2011 | <input type="checkbox"/> U11 = 2006-2007 | <input type="checkbox"/> U15 = 2002-2003 |
| <input type="checkbox"/> U9 = 2008-2009 | <input type="checkbox"/> U13 = 2004-2005 | <input type="checkbox"/> U17 = 2000-2001 |

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Email Address: \*Please print clearly\* \_\_\_\_\_

## NONREFUNDABLE FEES

### Travel Fees

_____ Number of Travel players		\$75.00 per player	
_____ Additional Travel Uniform Fee	Uniform Check#/Cash _____	Amount	_____

### In-house Fees

_____ Registrant is oldest sibling or only family member playing	\$55.00	
_____ Registrant has older sibling playing (\$5.00 discount)	\$50.00	
_____ A \$10.00 late fee will be assessed per player after May 7th registration date	\$10.00	

Name of older sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Second sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Third Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Fourth Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

### Sponsor Fees

Sponsor Fee: \_\_\_\_\_ \$175.00 \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Please make checks payable to "SBYSA"

Staff use only below this line

Date \_\_\_\_\_ Number of Players \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Uniform Ck# \_\_\_\_\_ Sponsor Ck# \_\_\_\_\_ Total \_\_\_\_\_

Sponsor Name: \_\_\_\_\_