

SBYSA 2017 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 = 2011-2012 | <input type="checkbox"/> U11 = 2007-2008 | <input type="checkbox"/> U15 = 2003-2004 |
| <input type="checkbox"/> U9 = 2009-20010 | <input type="checkbox"/> U13 = 2005-2006 | <input type="checkbox"/> U17 = 2001-2002 |

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: _____