

# SBYSA 2018 REGISTRATION FORM

Recreational Travel  In-house  (please print clearly)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Shirt Size (circle one): **YS YM YL AS AM AL AXL AXXL** Birth Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Please check the appropriate age level

U5 Academy = 2014

U7 = 2012-2013

U9 = 2010-2011

U11 = 2008-2009

U13 = 2006-2007

U15 = 2004-2005

U17 = 2002-2003

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

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

Emergency Contact: (Other than parent) \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

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

### NONREFUNDABLE FEES

#### Recreational Travel Fees

\_\_\_\_\_ Number of Recreational Travel players \$90.00 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) \*in-house players only\* \$50.00 \_\_\_\_\_

\_\_\_\_\_ A \$10.00 late fee will be assessed per player after May 6th 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: \_\_\_\_\_