



# Spring 2017 Registration

Mail forms to:  
SBYSA  
PO Box 47  
Bangor, PA 18013

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Age group played Fall 2016: U- \_\_\_\_\_ Gender: M / F

Shirt Size (circle one): youth S M L / Adult S M L XL XXL

Age group (Select one): Birth date must fall in these years.

- U-9 coed 2008 and 2009
- U-11 coed 2006 and 2007
- U-13 coed 2004 and 2005
- U-15 coed 2002 and 2003

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

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

Emergency Contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Medical conditions/problems: \_\_\_\_\_

E-mail (please print clearly): \_\_\_\_\_

Are you willing to coach: \_\_\_\_\_ Coach's Shirt Size: \_\_\_\_\_

### Nonrefundable Recreation Fees

Registration amount for each player: \_\_\_\_\_ X \$45 \_\_\_\_\_

**\*\*\*All Fields are to be determined at a later date.\*\*\***

**\*\*\*All teams are to be determined on numbers of players and coach availability.\*\*\***

Checks payable to "SBYSA"

\_\_\_\_\_  
Staff use only below this line \_\_\_\_\_

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

**All forms and fees MUST be postmarked no later than January 31, 2017.**

**Spring players MUST be registered as a fall player with SBYSA.**