



Spring 2018 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 2017: 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 2009 and 2010
- U-11 coed 2007 and 2008
- U-13 coed 2005 and 2006
- U-15 coed 2003 and 2004

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, 2018.

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