

**SOUTH PARK YOUTH ASSOCIATION
2009 Spring Season Baseball/Softball Registration**

Please Print Legibly

PLAYER INFORMATION

Name as it appears on Birth Certificate Preferred Name Prior Team Name and League & Season Played

Player's Address (Street Address) (City) (State) (Zip)

Home Phone # Mother's Phone # Father's Phone # ___ Female ___ Male
(Player's Sex)

Date of Birth Age as of **4/30/09 Boys; 12/31/08 Girls** E-mail Address

Special Needs or Medical Requirements Insurance Company and Policy or Group #

Names of Parents/Guardians residing with Player Relationship to Player

VOLUNTEER TIME (2 HRS PER CHILD) or CASH CONTRIBUTION IS REQUIRED TO HAVE YOUR CHILD PARTICIPATE IN SPYA. YOU MAY CHOOSE FROM THE FOLLOWING OPPORTUNITIES:

HEAD COACH ()--Must have prior experience; ASST. COACH () ; FIELD/FACILITIES MAINTENANCE() ; CONCESSION STAND () ; CLEANUP WEEKENDS () ; TEAM MOM () ; TEAM SPONSORSHIP() ; FUNDRAISING() ; FINANCIAL OPTION ()--ADDITIONAL \$150.00 CASH CONTRIBUTION WITH REGISTRATION. EACH FAMILY MUST CHECK ONE OF THE ABOVE. Each family must check one of the boxes above. Coordinators for the above volunteer positions have been assigned and will contact you regarding dates in the near future.

REGISTRATION AND MEMBERSHIP FEES

<u>Baseball</u>		<u>Softball (Girls)**</u>	
_____ Tee Ball 5-6*	= \$105 (Boys & Girls)	_____ 8&Under (Modified Coach Pitch)	= \$120
_____ Coach Pitch 7-8*	= \$125 (Boys)	_____ 10&Under (Fast Pitch)	= \$130
_____ Minor League 9-10*	= \$135 (Boys)	_____ 12&Under (Fast Pitch)	= \$140
_____ Major League 11-12*	= \$145 (Boys)	_____ 15&Under (Fast Pitch)	= \$150
_____ Babe Ruth Age 13-18*	= \$230 (Boys)		
<i>*Playing age as of 4/30/09</i>		<i>**Playing age as of 12/31/08</i>	

_____ Annual Family Membership; \$50—must be paid once prior to a family's first season of participation in '09
 _____ Scholarship Contribution (Voluntary)
 _____ Sponsorship Contribution (Voluntary)

Total Amount Paid:

Received By _____

TREATMENT/LIABILITY RELEASE

() I give my child permission to participate in the SPYA sports program checked above. I understand that SPYA is a volunteer, non-profit organization and may not carry or provide insurance on my child to cover injuries which might occur during his or her participation in this program. I agree not to hold SPYA or any individuals associated with SPYA liable for any such injuries. I consent to medical treatment for injuries suffered by my child.

Parent/Guardian Signature

Date:

Play-with request, one person only . . . no guarantee to match-up (Please list reason below)

COMMENTS: