

2008 SYA SOFTBALL REGISTRATION \$30.00 Registration

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

PARENT/GUARDIAN CONTACT

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE ____ ZIP _____

EMAIL _____ CELL PHONE _____

PREFERRED CONTACT (circle one) Cell Phone Home Phone

Allergies/Medical Conditions _____

INSURANCE PROVIDER _____

DOCTOR'S PHONE _____

SHIRT SIZE YS YM YL AS AM AL

LIABILITY RELEASE STATEMENT: I hereby grant permission for the above named child to participate in the Smithsburg Youth Softball League during the 2008 season. I accept full responsibility for accident or injury. I further grant permission for emergency first aid to be administered, and if deemed necessary, I grant permission for said youth to be transported to an emergency room, and authorize medical staff to provide treatment.

Signature _____

Date _____