

Smithsburg Youth Athletics

2010 SYA Softball Registration

Participant's Last Name:							
Participant's First Name:							
Date of Birth:				Grade (Fall 09):			
Street Address:							
City:				State:			Zip:
Home Phone:							
Family E-mail Address:							

T-Shirt Size:										
Youth-S		Youth-M		Youth-L		Adult-S		Adult-M		Adult-L
Mother's Name:										
Work/Cell Phone Number:										
Father's Name:										
Work/Cell Phone Number:										
Emergency Contact:										
Phone Number:										
Insurance Company:										
Policy Number:										
Child's Medical Conditions:										
Volunteer Interest:	Sponsorship:					Assist. Coach:				

Registration Costs: **\$30.00** (Any child enrolled in the Free & Reduced Lunch Plan can receive a scholarship and their registration fee will be waived.)

Please make check payable to: **SYA**

Mail to: Smithsburg Youth Athletics (SYA)
Softball Registration
P. O. Box 21
Smithsburg, MD 21783

Visit us @ www.smithsburgyouthathletics.org Phone Number: 301-824-7707

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Liability Release Statement: I hereby grant permission for the above named child to participate in the Smithsburg Youth Athletics Softball during the 2010 season. I accept full responsibility for their conduct, behavior and release SYA, coaches and officials of any 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:** _____