

**Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2008**

Name of Association: \_\_\_\_\_

\*\*\*Mail Application and Check or Money Order, payable to the appropriate Association\*\*\*

**Player Information:**

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Age**</u>	<u>Uniform Sizes#</u> <u>Pants/shorts</u> <u>Shirts</u>	<u>Ever Played</u> <u>Before</u>	<u>How Many</u> <u>Years</u>	<u>Uniform #</u> <u>Desired</u>	<u>Alternate</u> <u>Number</u>	<u>Age*</u> <u>Group</u>
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\*Age Groups Slow: 6U, 8U, 10U, 12U, 14U & 18U Fast: 10F, 12F, 14F, & 18F

\*\*AGE AS OF DECEMBER 31, 2007

\*\*\*NO UNIFORM WILL BE ISSUED UNTIL ALL FEES ARE PAID \*\*\*

#Shirt Size: Youth - Y-S Y-M Y-L Y-XL Y-XXL

Adult - S M L XL XXL

Elementary School District you live in: \_\_\_\_\_ (even if they attend middle or high school)

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

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

I/We, the parent(s) or guardian(s) of the above named player, do hereby give my/our approval for his/her participation in any and all of the activities of the Chesterfield Youth Softball Association, Inc. (CYSA) or its Member Associations to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless CYSA, and the organizers, sponsors, supervisors, participants and persons transporting my youth to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. CYSA, Member Associations and all league rules and regulations bind all member and participants. All members are bound by CYSA and its Member Associations Code of Ethics. I agree to return upon request (If required), the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear. I will furnish a copy of a certified birth certificate of the above child/children upon request. By my signature below, I promise to pay the above indicated participation fees. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, the Member Association has the right to effect legal action to collect the money due the association. There will be a \$25.00 charge for any NSF checks presented to CYSA or its member associations. Each child will be covered by a supplementary group accident policy both during practice and the playing season. **By signing below you, your family and friends agree that you have read and agree to follow the Chesterfield County Parent Code of Conduct Form and that you have received a copy.**

Father's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you or your employer interested in making a tax deductible donation?  
If so, when is a good time to contact you? \_\_\_\_\_

If you are interested in helping with a team, please feel free to notify the head coach of your child's team. All adults associated with a team must pass a background investigation with Chesterfield County prior to the first game of the season. These forms are available from the Head Coach.

Chesterfield Youth Softball Association, Inc. \* Web Site: <http://www.leaguelineup.com/cysa> \* E-Mail address: [Email](mailto:Email)

**OFFICIAL USE ONLY**

AMT DUE: \_\_\_\_\_ AMT PAID: \_\_\_\_\_ BAL DUE: \_\_\_\_\_ CHECK# \_\_\_\_\_ RECEIPT# \_\_\_\_\_