

YOUTH SOFTBALL ASSOCIATION of CORAL SPRINGS

REGISTRATION FORM FALL 2019

Player Information (Please Print)				New To League		Yes	No	
Last Name :			If New, was birth certificate viewed by YSACS?		Yes	No		
First Name :			Was address checked to driver's license?		Yes	No		
Street Address:					address confirmation 1			
City :			Zip Code :		address confirmation 2			
player contact phone #					Non-resident City Card #			
family e-mail address:					Date of Birth:			
Remarks:								
Shirt Size: Youth S		Youth M	Youth L	Adult S	Adult M	Adult L	Adult XL	Adult 2XL
Pants Size: Youth S		Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL
Fathers Name :								
Cell Phone:			Home Phone:		Interested In head coach: yes ___ no ___			
head coach form submitted? yes no				Interested in assistant coach yes no				
Mothers Name								
Cell Phone:			Home Phone:		Interested In head coach: yes ___ no ___			
head coach form submitted? yes no				Interested in assistant coach yes no				
Sponsor _____ Sponsor cost of \$300 Waives Registration Fee - Sponsor Form Submitted: Yes ___ No ___								
Age Groups	League	Players Age As Of 12/31/2019 (circle)	Check Your Desired League	Fee	Paid Cash	Receipt #	Paid Check	Check #
6 & Under	Pigtails	5 6		\$100.00	\$	#	\$	#
8 & Under	Ponytails	7 8		\$125.00	\$	#	\$	#
10 & Under	Intermediate	9 10		\$150.00	\$	#	\$	#
12 & Under	Jr. Fast	11 12		\$150.00	\$	#	\$	#
16 & Under	Sr. Fast	13 14		\$150.00	\$	#	\$	#
		15 16		REGISTRATION FEE IS NON-REFUNDABLE				
Paid: Circle Credit Card MC V AE D \$ _____ trans # _____								
****DISCLAIMER****								
<p>The undersigned parent/guardian authorizes the officer, leader, coach or agent of the Youth Softball Association of Coral Springs to transport the above mentioned minor to and from league sponsored activities including, but not limited to, athletic and social events. I hereby give my consent for all medical care or medicine prescribed by a duly licensed physician for the above minor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant.</p>								
Date: _____				Parent/Guardian Signature: _____				

Registration Date: _____

YSACS Board Member: _____