

Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2019

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>Age* Group</u>	<u>Ever Played CYSA before</u>	<u>How Many Years</u>	<u>Travel Ball Player?</u>
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Address: _____ City: _____ Zip: _____

*Age Groups Slow: 6U, 8U, 10U, 12U, 15U & 18U Fast: 10F, 12F, 15F, & 18F

**AGE AS OF DECEMBER 31, 2018

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

Parents/Guardian Last Name: _____ First: _____ Phone: _____

Work: _____ Cell: _____ E-Mail Address: _____

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 participation fees to the Member Association my player is associated with this season. 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. Also, that permission is granted to CYSA to use my youth's picture in future advertisement and literature (including social media) for Chesterfield Youth Softball Association**

Father's/guardian Signature: _____ Date: _____

Mother's/guardian Signature: _____ Date: _____

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](#)

OFFICIAL USE ONLY

AMT DUE: _____ AMT PAID: _____ BAL DUE: _____ CHECK# _____ RECEIPT# _____