

2020 SUMMER SOFTBALL REGISTRATION FORM



| PLAYER INFORMATION | *INDIVIDUAL REGISTRATION* | | | | | |
|--|---|--|--|--|--|--|
| Name (please print) | (See below for TEAM registration) | | | | | |
| School Attending | <u>DeadlineApril 6, 2020</u> | | | | | |
| NEWCurrent Age (as of December 31, 2019) Birth Date Grade | \$70.00 PER PLAYER (NO Raffle Tickets to sell and NO Admission Fees to games) | | | | | |
| PARENTS/GUARDIAN INFORMATON Name | <u>SAVE THE DATE TO REGISTER IN PERSON</u> at the SYA clubhouse in Riverside <u>March 15 and March 29 from 10:00am – 2:00pm</u> | | | | | |
| Address | League games will start the week of May 26, 2020 | | | | | |
| City State Zip Code | | | | | | |
| Contact phone # | | | | | | |
| Contact E-mail | | | | | | |
| **Parent/Guardian Signature | | | | | | |

****BY SIGNING MY SIGNATURE TO THIS FORM***** My child has my permission to participate in the activities indicated on this form. She is in good physical condition and has not had any serious illness or operation since her last physical examination. I and my child agree to cooperate with all Codes of conduct/zero tolerance policies of SYA. We further agree to hold SYA and its agents harmless in the event of injury sustained by myself or my child. I grant SYA permission for my child to be photographed and pictures be released to SYA.

TEAM PLACEMENT QUESTIONS ...

Please CIRCLE the AGE division your child will be playing in... <u>AGE is determined by how old the player is</u> currently on December 31, 2019. ***We have added a Competitive Division to the older grades and a New 16U <u>Division.</u>

| 8U | J 10U 1 | 2U Open/12U Compet | titive 14U Op | en/14U (| Comp | etitive | | *16 U | Competitive |
|-----------------|--------------------------------|-----------------------|---------------------|----------|------|---------|----|--------------|-------------|
| 1. | Did you play on a S | YA team last year? | | | YES | | NO | | |
| | If yes, wh | nich Team/Coach? | | | | | | | |
| 2. | Do you want to pla | y on the same team? | | | YES | | NO | | |
| 3. | Would you like to I | Help/Volunteer, Coach | or Assistant Coach? | , | YES | | NO | | |
| <mark>4.</mark> | Do you want to re | gister as a TEAM? | | YES | | NO | | | |
| | <mark>If yes, include</mark> T | eam Name/Coach/Div | vision | | | | | | |

SYA...PO Box 115...Sioux City, IA 51102... <u>siouxlandyouthathletics@gmail.com</u>...www.siouxlandyouthathletics.org TEACH * INSPIRE * INSTRUCT * MENTOR * PRAISE * INFLUENCE * GUIDE * INSPIRE

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