



# SMITH SHARKS ATHLETICS

<b>Baseball:</b> _____	<b>Softball:</b> _____	<b>Cheer:</b> _____	<b>Football:</b> _____	<b>Basketball:</b> _____
Age as of 8/31/21 (4-18)	Age as of 12/31/20 (5-18)	Age as of 9/30/21 (5-14)	Age as of 7/31/21 (5-13)	Girls/Boys Age as of 12/31/20 (7-18)

## ATHLETE INFORMATION

\_\_\_\_\_  
 Last Name  
 \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Date of Birth (as of your sport above)

\_\_\_\_\_  
 First Name  
 \_\_\_\_\_  
 Grade School Attending

\_\_\_\_\_  
 Medical Conditions

Has Athlete Played This Sport Before? ← YES ← NO  
 If yes, how many years: \_\_\_\_\_

## UNIFORM INFORMATION

Does Athlete Have An Approved Uniform ← YES ← NO

If no, what are your top 3 # choices: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (does not apply to Cheer)

NOTES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Jersey Size</b> YS YM YL YXL AS AM AL AXL	<b>Baseball/Softball ONLY</b> Jersey \$25 Pants \$20  <b>Baseball ONLY</b> Belt \$5 Fitted Cap \$20  <b>Softball ONLY</b> Black Socks \$5  <b>Paid</b> →
<b>Pant Size</b> YS YM YL YXL AS AM AL AXL	
<b>Baseball/Softball Registration Fee: \$100 - Paid</b> → <b>Fall Softball Registration Fee: \$50 - Paid</b> →	
<b>Smith Athletic Association Fee: \$10 per sport season - Paid</b> →	

## PARENT INFORMATION

### Parent 1:

\_\_\_\_\_  
 Last Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
 First Name  
 \_\_\_\_\_  
 City, Zip  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Parent 2:

\_\_\_\_\_  
 Last Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_  
 First Name  
 \_\_\_\_\_  
 City, Zip  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_

I the parent or legal guardian of the names child listed on this form hereby give my approval for participation in any and all league activities. I the parent or legal guardian assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, resolve, indemnify and agree to hold harmless the Smith Athletic Association, the organizers, sponsors, coaches, participants and person transporting my child, except to the extent and in the amount covered by accident or liability insurance. I agree to return all equipment and uniforms issued to my child in the same condition as when it was received except for normal wear and tear. Failure to do so will result in my responsibility to pay for new replacement or unreturned or damaged items. Any returned check is subject to a \$30 service fee. Smith Athletic Association reserves the right to revoke membership for unpaid charges. I agree to furnish a copy of my child's birth certificate upon initial sport sign up or when requested.

I/We would like to volunteer in one/more of the following capacities (circle all that apply)  
 Coaching Team Parent Fundraising Coach's Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2021

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

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

Player Information: Age\* Ever Played How Many Travel Ball Name of Child Date of Birth Age\*\* Group  
CYSA before Years Player?

\_\_\_\_\_

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

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

\*\*AGE AS OF DECEMBER 31, 2020

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 members 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 advertisements and literature (including social media) for Chesterfield Youth Softball Association. By signing, I agree to follow all Covid-19 protocols set by Chesterfield Parks and Recreation and CYSA.**

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: presidentofcysa@gmail.com