



Southern Youth Sports Association  
BASEBALL REGISTRATION 2009

Name (print) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Pager #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Case of an Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

WHO DOES THE CHILD LIVE WITH? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

Did the Child Play Last Year? \_\_\_\_\_ If So, Where? \_\_\_\_\_

Would You Like to Volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or other significant medical condition? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state condition:

\_\_\_\_\_

If you wish to have your doctor contacted in case of emergency:

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY AUTHORIZATION (from Above)**

I, the parent or guardians of the participant, a minor, hereby authorize the coaches, staff, or volunteers of SYSA, as my Agents, to consent to medical examination of my child. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

Parent's Authorization Signature: \_\_\_\_\_

**WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION**

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves the risk of physical injury. I further acknowledge that the programs of SYSA are primarily administered by a small staff, and unpaid volunteers. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I (for myself as well as my child, his/her heirs and assigns) hereby release, discharge, and hold harmless the SYSA, its employees, volunteers and other representatives or affiliates from and against any claims arising out of or relating to illness, physical injury, death, or other damages while participating with the SYSA organization. I give my permission for free use of my child's name and picture in broadcasts, telecasts or written accounts of any game, practice or participation in any SYSA sponsored event. I also understand that it is my responsibility to provide Medical and Injury insurance for my child.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*REQUIREMENTS\***

Original Birth Certificate  
REGISTRATION FEE \$60.00/Nonrefundable

MAIL TO P.O. BOX 17233 PENSACOLA, FL 32522

**FOR OFFICE USE ONLY**

Registration Fee \$ \_\_\_\_\_ Collected By: \_\_\_\_\_

Uniform Fee \$ \_\_\_\_\_

[ ] Cash

[ ] Check/Money Order # \_\_\_\_\_ Bank/Credit Union \_\_\_\_\_

MAKE Checks/Money Order Payable to:  
Southern Youth Sports Association