

## Smith Athletic Association Softball Registration Packet

The following pages are all necessary forms to play Softball.

If your family has a **2010 Smith Athletic Association Membership Card** it is not necessary to complete pages 1, 2 and 3. Only 4 and 5 will be necessary at sign ups.

Page 1 must include all children 4 & above.

Page 2 must list all children in the family on the photography release.

Page 3 must be completed for each child listed on page 1.  
If 3 children are listed on page 1, 3 medical release pages must be submitted.

Page 4 is completed for softball registration.

Page 5 is completed for softball team and uniform info.

Please print clearly on all forms.

On sign up day, please submit all required forms and a copy of the birth certificate for the child that's playing. Payment is expected on day of sign up. Payment can be made as a check, money order or cash. Your payment includes association fees (if you do not hold a 2010 membership card), registration fees and uniform fees. These costs can be found on the smithsharks.net website under each specific sport.

The athletic association fee is payable once per year, not per sport, and it covers the entire family listed on the membership form (page 1). When this fee is paid an athletic association member should give your family a membership card at sign up. This card will reduce duplicate paperwork for playing multiple sports, show you have paid your annual fee and entitle your family to discounts at certain events or places. If this card is lost or stolen there is a \$5 fee for a new one. If your family needs a replacement or did not get a card but paid please email Mark Hugenberg at smithsharksbaseball@live.com. for any membership card assistance.



# Smith Athletic Association Membership Application



## Parent/Guardian Information

_____		_____	
Last Name		First Name	
_____		_____	
Street Address		City, State, Zip	
_____		_____	
Home Phone		Cell Phone	
_____		_____	
Elementary School Boundary		Previous Association	

\_\_\_\_\_

Email Address (Please print very clearly)

## Children's Information (Ages 4 & Up)

Name	Date of Birth	School Attending	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We the parents or legal guardian of the above candidate(s) for a position on a Smith Athletic Association team, hereby give my/our approval for child(ren) to participate in any and all league activities.

We the parents or legal guardian assume all risks and hazards incidental to such participation, including transportation to and from the activities. I/We do hereby waive, release, resolve, indemnify and agree to hold harmless the Smith Athletic Association, the organizers, sponsors, supervisors, participants and person transporting my/our child(ren), except to the extent and in the amount covered by accident or liability insurance.

We agree to return all uniforms and other equipment issued to my/our son/daughter in as good as the condition as when it was received except for normal wear and tear. Failure to do so will result in my/our responsibility to pay for new replacement of unreturned items. (If applicable). Any returned check is subject to a \$25 service fee and the Smith Athletic Association reserves the right to revoke family membership for unpaid charges.

**All members are given a family membership card with the completion of this form.** There is a \$5 fee for a replacement card if lost or stolen.

We will furnish a certified copy of each child's birth certificate or other proof of birth at his/her initial sport sign up.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Annual Family Membership Fee: \$30.00 Cash \_\_\_\_\_ Check # \_\_\_\_\_ Card given by \_\_\_\_\_

**Chesterfield County Parks and Recreation**  
**Parents Code of Conduct**

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating a positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Smith Athletic Association**  
**Permission For Use of Filming/Photography**

I hereby give permission for Smith Athletic Association and it's approved representatives to photograph and/or film my child(ren), \_\_\_\_\_

I understand that this may be used for media publication. Should I wish to withdraw this permission, I will do so in writing.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**CONFIDENTIAL**  
**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_  
Do hereby authorize Smith Athletic Association, *TO CONSENT* to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

*IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND* that in situations where the above named minor requires immediate or hostel care it may not be possible to contact me and that in situations I will not be able to knowledgeably evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment , in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determine to be necessary for the health and safety of the above named minor.

\_\_\_\_\_  
Parent/Legal Guardian Signature \_\_\_\_\_ Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
In case of emergency please contact \_\_\_\_\_ Phone

**Treatment Information**

\_\_\_\_\_  
Minor's Birth Date \_\_\_\_\_ Minor's Doctor

\_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Date of Minor's last Tetanus Shot

\_\_\_\_\_  
Minor's Medication

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_  
If there is anything about your child that would be helpful for the head coach to know please list below:  
Examples: Fear of getting hit by baseball, getting tackled, bathroom issues etc.

**Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2010**

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>Uniform Sizes#</u>		<u>Ever Played Before</u>	<u>How Many Years</u>	<u>Uniform # Desired</u>	<u>Alternate Number</u>	<u>Age* Group</u>
			<u>Pants/shorts</u>	<u>Shirts</u>					

\*Age Groups Slow: 6U, 8U, 10U, 12U, 14U & 18U Fast: 10F, 12F, 14F, & 18F

\*\*AGE AS OF DECEMBER 31, 2009

\*\*\*NO UNIFORM WILL BE ISSUED UNTIL ALL FEES ARE PAID \*\*\*

#Shirt Size: Youth - Y-S Y-M Y-L Y-XL Y-XXL

Adult - S M L XL XXL

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

Parent/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Phone: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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 above indicated participation fees. 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.**

Father's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you or your employer interested in making a tax deductible donation?  
If so, when is a good time to contact you? \_\_\_\_\_

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# \_\_\_\_\_

# Smith Sharks Softball



## Player Information:

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age as of 12/31/09

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Attending

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

Yes No

\_\_\_\_\_  
Has Child Played this Sport Before?

\_\_\_\_\_  
If yes, how many years

## Uniform Information:

\_\_\_\_\_  
Desired Uniform Number

\_\_\_\_\_  
2nd Choice

\_\_\_\_\_  
3rd Choice

Shirt Size	Pant Size
YS YM YL YXL	YS YM YL YXL
AS AM AL AXL	AS AM AL AXL

## Parent Information:

\_\_\_\_\_  
Parent Last Name

\_\_\_\_\_  
Parent First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail Address

I/We would like to volunteer in one of the following capacities—circle all that apply:

Coaching

Team Mom

Fundraising

SAA Committee

Sport Directors Use: Amt Pd \_\_\_\_\_ Cash Check# \_\_\_\_\_ FHA \_\_\_\_\_  
Team \_\_\_\_\_ Coach \_\_\_\_\_