

Camillus Youth Softball & Baseball Association (csbababeruth.org)

2009 SOFTBALL REGISTRATION FORM

(Use a separate form for each player – Fill out the form completely – Print legibly)

Player's Name: _____ Date of Birth: _____
 Parent's/Guardian's Names: _____
 Street Address: _____ City: _____ Zip: _____
 Phone: _____ Cell: _____ E-Mail: _____

In CSBA softball league last year? YES / NO
 If yes, what league? ___8&U ___10&U ___12&U ___16&U

2009 SOFTBALL DIVISIONS AND FEES

Julie Smith coach pitch (8 & Under) (\$45)	Dot Richardson F/P (12 & Under) (\$75)
Margie Wright F/P (10 & Under) (\$65)	Lisa Fernandez F/P (16 & Under) (\$120)

- (1) **Age Limits:** All league age limits are based on the player's age as of December 31, 2008.
- (2) **Late Fees:** There is a **\$20 late charge** after **any** deadline – **no exceptions**. Forms will be mailed back.
- (3) **Family Discount:** There is a \$200 maximum registration fee per family. This applies to immediate family only (brother or sister) signing up at the same time and excludes all travel programs.

- **Send completed registration form and payment to:** **CSBA Softball**
 [Make checks payable to: *CSBA Softball*] **PO Box 134**
Camillus, New York 13031

➤ **League Requirements:**

- **Fund Raising:** All players are required to sell four tubs of Cookie Dough to help fund league activities **OR** pay a \$25.00 opt-out fee **when signing up**. **Exception:** 16&U League – no Cookie Dough sales required.
- **Birth Certificates:** All Softball players **MUST** include a photocopy of their **birth certificate** with this form, even if they played last season - **no exceptions**.

➤ **Important Dates & Deadlines:**

- Walk-in Registrations: - **March 7, 2009** softball clinic at Marcellus High School (10:00 to 12:00)
 - **March 21, 2009** at Shove Park (9:00 to 12:00)
- Mail-In Registrations: - 12 & Under: **March 21, 2009**
 - 16 & Under: **May 1, 2009**

➤ **Liability & Waiver:**

- I/We, the parents or guardians of the player in the CSBA softball program named above give my/our permission for her participation in all league activities and do hereby waive, release the CSBA, and anyone affiliated with it from all activities or claims arising out of injury to my/our child. The medical insurance policy carried by the parent/guardian is primary.

- **Parent/Legal Guardian Signature:** _____ **Date:** _____
 ← Please Turn Over, Read, and Sign Code of Conduct on Page 2 →

➤ **We Need Your Help:**

- Are you interested in becoming a Member/Coach in the CSBA? YES / NO

***** To continue being successful we NEED you to VOLUNTEER *****

OFFICE USE ONLY:

- League Fee: \$_____ (Family Max. Applied? Yes/No)
- Cookie Dough Opt-out: \$_____
- Total Payment Received: \$_____ (Cash / Check) No: _____
- ◆ **Birth Certificate Received:** YES / NO (If not, it must be supplied ASAP)