



P.O. Box 203  
Southampton, Ma 01073

Name: \_\_\_\_\_

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

Town: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Gender (circle): BOY GIRL

**Regular Fee:** See Website for Fee Schedule  
**Late Fee:** See Website for Fee Schedule

S.Y.A.A Use:

Paid: \_\_\_\_\_ Team: \_\_\_\_\_

**Sport** (circle one):

SOCCER BASKETBALL  
BASEBALL SOFTBALL T-BALL

Other Siblings Playing: YES NO

Age: \_\_\_\_\_ Sport/Team: \_\_\_\_\_

Age: \_\_\_\_\_ Sport/Team: \_\_\_\_\_

**Shirt Size** (circle one)

Adult: SMALL MEDIUM LARGE EXTRA  
LARGE

Youth: SMALL(6-8) MEDIUM(10-12)  
LARGE(14-16)

**Parent/Guardian Information:**

**Father:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Mother:** \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone Number (for cancellations):

Health Insurance Information:

Policy Number:

Company:

Pediatrician:

Phone:

Problems or Restriction:

Allergies/Medical Conditions:

I am willing to assist S.Y.A.A sports as a: COACH ASSISTANT COACH  
GENERAL HELP SUPPORTIVE FAN

Name of Parent/Guardian willing to help: \_\_\_\_\_

As parent/guardian of above named child, I realize that there is an inherent danger in the playing of any sport. With this knowledge I still give my permission for my child to participate in the particular sport activity sponsored by the Southampton Youth Athletic Association. I will not hold the Officers, Coaches and/or League Officials responsible in the event named child is injured while taking part.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please print, sign and send completed applications with correct fees to the address above.

