2017 - FALL BALL Smackover/Norphlet Youth Softball Registration Form Ages 6 to 14

Player's Name				
Date of Birth	1 1	Grade		
Address		<u>-</u>		
City/State		_		
School Campus Enrolled				
Parent/Guardian Name(s)				
E-mail address(s)				
Home Phone		Cell Phone(s)		
Is the player currently liste	ed on a tourname	ent team roster?	Yes	No
Previous Coach			Preferred Coach	<u></u> l
Would you be	interested in coad	ching this year?		
Shirt size:		_	Shorts/Pants Size	- -
Deadline to be tui		•	•	•
Please make all checks payable to Smackover/Norphlet Youth Softball. Fall season will be played on Tuesday & Thursday from September 25 - November 10. We suggest you sign your child up for the age group they will be playing in Spring 2018. All parents can REQUEST their child play up in age division. This request is NOT a guarantee. Return by Sept. 8, 2017: this registration form with your registration fee to the school office or send by mail: Smackover/Norphlet Youth Softball c/o Bonnie Haile P.O. Box 522 Smackover, AR 71762				
Your child WILL NOT be placed on a roster if ALL forms are not turned in by this date. For more information contact Bonnie Haile at (870) 814-2580 or My3cAngels@gmail.com				
For more information I understand that there is a risk of injur Softball, the Union County Girls Softbany injuries to my child while participa Union County Girls Softball Association	ry while playing soft all Association, and ating in any activity	ftball. I also unders d the Smackover/N	stand that Smackover Norphlet School Distr	r/Norphlet Youth rict will not be liable for
Parent/Guardian Signature			- Date	·
For SYS Admin use only:				
Paid: CASH CHECK#				
BC on file: Y or N Age (GR Coach:_			