

2022 - Smackover/Norphlet Youth Softball

Registration Form

6u Coach Pitch; 8u Coach Pitch; 10u; 12u; 14u

Player's Name _____		
Date of Birth _____	Grade _____	Age Division _____
Address _____		City/State _____
School Campus Enrolled _____		
Parent/Guardian Name(s) _____		
E-mail address(s) _____		
Cell Phone _____	Cell Phone _____	
Is the player currently listed on a tournament team roster?	Yes _____	No _____
Previous Coach _____	Preferred Coach _____	

Would you be interested in coaching this year? _____

Deadline to be turned into the school: Monday, February 14, 2022

Registration Fee is \$70.00, Please make all checks payable to Smackover/Norphlet Youth Softball.

***Please note: Included in your registration fee is partial cost of your child's uniform. IF you order the wrong size with your coach, YOU will be responsible for payment to order the correct size.**

****Parents are responsible for providing their child: Cleats, Glove, Batting Helmet & Field Face Mask****

GATE ENTRY FEE: ONLY FOR JAMBOREE & TOURNAMENT \$2.00 per adult. \$1.00 per child or \$5.00 per family

Return by **February 14, 2022**: this registration form, your registration fee, a signed code of conduct form and a copy of your child's birth certificate to the school office, send by mail or email:

Smackover/Norphlet Youth Softball PO Box 522 Smackover, AR 71762

Electronic payments can be made via:

Paypal: smackovernorphlet.softball@gmail.com OR Cashapp: #SNYSL

Your child WILL NOT be placed on a roster if ALL forms are not turned in by this date. NO EXCEPTIONS

For more information contact Stormey Primm @ 870-309-0193 or Bonnie Haile @ (870) 814-2580

I understand that there is a risk of injury while playing softball. I also understand that Smackover/Norphlet Youth Softball (SNYS), the Union County Girls Softball Association(UCGSA), and the Smackover/Norphlet School District will not be liable for any injuries to my child while participating in any activity associated with Smackover/Norphlet Youth Softball or The Union County Girls Softball Association.

I understand the risk of exposure to Covid-19. I will follow all CDC and state guidelines in regards to Covid-19. By signing below, I am relieving UCGSA & SNYS of all liability related to the risk of exposure to Covid-19. If my child is found to be in violation of guidelines, I agree they will be immediately removed from all participation in the 2022 season with NO refund issued.

Parent/Guardian Signature _____ Date _____

For SNYS Admin use only:

Paid: CASH CHECK# _____ BC on file: Y or N Age _____ GR _____ Coach: _____

AGE AS OF JANUARY 1, 2022 DETERMINES DIVISION

6 U	8 U	10 U	12U	14U
2016	2014	2012	2010	2008
2015	2013	2011	2009	2007