



SBYS 2010 Flag Football Team Registration Form

(Includes, league games, and playoffs)

League Fees:
\$750—Due by Sept 3

Please enter info and email to info@southbayyouthsports.org

Age (as of 9/1/10) DI (12-14); DII (9-11); DIII (6-8)

Team Name:		Division: (underline one)	I, II or III
Organization:		City:	
Coach's Name:		Home Phone:	Mobile Phone:

Head Coach's Contact:		Email Address:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Work Phone:	Mobile Phone:

Assistant Coach's Contact:		Email Address:	
Street Address:			
City:		State:	Zip Code:
Home Phone:		Work Phone:	Mobile Phone:

Team Roster

(Final roster must be submitted 7 days prior to the 1st game)

Jersey No.	Player's Name <i>(Type or Print)</i>	Date of Birth	Grade	Email	Telephone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

* Teams may have more than 12 players. Each additional player over 12 is \$45 per player.

Waiver and Payment (Credit Card or Check)

I have read and agree to make payment and release of liability to SBYS from all responsibilities for injuries of any nature incurred while participating in SBYS activities. I understand that medical insurance is each player's individual responsibility. I give permission for any necessary medical treatment.

Signature: _____ **Credit Card #:** _____ **Exp Date and CCV2 code:** _____