FCYS | PLAYER REGISTRATION

FAIRFIELD COUNTY YOUTH SOFTBALL

www.fairfieldcountyyouthsoftball.com

Complete one form per player. Print clearly or type into the fillable fields.

Registration season (year) _____ **Player age on August 1** _____ **Date of birth** _____

PLAYER INFORMATION

Player full legal name _____ **Grade / school** _____

Home address _____

Division requested: ☐ T-Ball ☐ 8U ☐ 10U ☐ 12U ☐ High School

Age eligibility (August 1 of registration season): Players who turn the division age on or before August 1 are eligible to participate: T-Ball - 6 / 8U - 8 / 10U - 10 / 12U - 12 / HS - 19

PARENT / GUARDIAN & EMERGENCY CONTACTS

PRIMARY PARENT / GUARDIAN

Primary parent / guardian name _____

Primary phone _____

Primary email _____

SECONDARY / EMERGENCY CONTACT

Secondary parent / emergency contact name _____

Secondary contact phone _____

Relationship to player _____

PLAYER NEEDS & TEAM REQUESTS

Allergies / medical needs / accommodations _____

Previous experience / preferred position (optional) _____

Sibling or coach request (not guaranteed) _____

REGISTRATION & PAYMENT

Registration fee ($) _____ **Amount paid ($)** _____ **Balance due ($)** _____

Payment method: ☐ Card ☐ Cash ☐ Cash App

PARENT / GUARDIAN AUTHORIZATIONS

Participation & risk acknowledgment

I understand that recreational softball involves physical activity and risk of injury. I authorize my child to participate in FCYS activities, subject to league rules and reasonable safety instructions.

Emergency medical authorization

If I cannot be reached in an emergency, I authorize FCYS representatives to seek appropriate emergency medical care for my child. I understand that I am responsible for applicable medical costs.

Sportsmanship & league rules

I agree that my player and family will follow league policies, treat players, coaches, umpires and volunteers respectfully, and support a positive recreational environment.

Photo and media permission (optional)

FCYS may use photos or video of my player in league communications, on its website, and in promotional materials only if I select Yes below.

Photo / media permission: ☐ Yes ☐ No

Player name _____

Parent / guardian printed name _____

Parent / guardian signature (type or sign after printing) _____

Date _____

LEAGUE USE ONLY

Received by _____

Date received _____

Team assignment _____

Payment reference / notes _____