



ST. CLAIR SHORES BASEBALL SOFTBALL ASSOCIATION

P.O. Box 314 St. Clair Shores, MI 48080-0314 Phone 586-435-5442

Register Online at: www.scsbsa.com

(Please Print)



Player Name: _____ Gender: M F

Address: _____

City: _____ Zip Code: _____ Home #: (____) _____

Email: _____ Cell #: (____) _____

*Must Provide Copy of Birth Certificate (If Asked) Date of Birth: _____

For Team Selection: Number of years Playing Experience _____ Game Experience at: Pitcher / Catcher (Please Circle)

Name of Parent(s) or Guardian(s) (Please Print): _____

Signature of Parent(s) or Guardian(s): _____

Parent or Guardian would like to: Manage Coach Volunteer (Help with Opening Day & Other Events) (Please Circle)

Is Player Returning From Last Season? _____

St. Clair Shores Residents Only Family Plan

After Two (2) Paid Players, 3rd Sibling (youngest) Plays "For \$25"

Note:

Division determined by player age (May 1st Boys, Jan 1st Girls)

Note: One Time \$3 Fee Applies Per Payment Transaction

2020 PLAYER FEES Please Check One (Not for Boys Federation or Girls Travel Fast pitch)					
Age	Boys		Girls		Resident Non-Resident
4,5 & 6 Years Old	T-Ball	<input type="checkbox"/>	T-Ball	<input type="checkbox"/>	\$110.00 \$115.00
7-8 Years Old	Pinto	<input type="checkbox"/>	9 & Under	<input type="checkbox"/>	\$120.00 \$125.00
9-10 Years Old	Mustang	<input type="checkbox"/>		<input type="checkbox"/>	\$140.00 \$145.00
11-12 Years Old	Bronco	<input type="checkbox"/>	12 & Under	<input type="checkbox"/>	\$150.00 \$155.00
After April 1 Please add a \$10.00 Late Fee for Above Groups					
13-14 Year Olds	Pony	<input type="checkbox"/>	14 & Under	<input type="checkbox"/>	\$170.00 \$175.00
*15 Years and Up	Colt / Palomino	<input type="checkbox"/>	18 & Under	<input type="checkbox"/>	\$190.00 \$195.00

All Players receive: Jersey, Pant, Hat or Visor. Colt / Palomino players will have an upgraded uniform. (Cost reflected in fee)

Colt / Palomino & Girls 16u/18u players will be placed on a waiting list (Already formed Teams Welcome in these Divisions)

****PAYMENT****
(Select One)

Enclosed Check or Money Order
Payable to SCSBSA



Square Payment Cash Payment

☐
☐
☐
☐
☐

Card Number: _____

Name (As it appears on card): _____

Expiration (Month / Year): _____ / _____ 3-Digit Security Code (On back of card): _____

Official Use Only	
Birth Certificate Verified	
Yes	No
Paid	Check #

I have read and understand that SCSBSA reserves the right to use photographs taken of my child throughout the season and are only to be used as publicity, illustration, advertising and Web content.

Mail this completed form with your check if applicable to: SCSBSA P.O. Box 314, St. Clair Shores, MI 48080-0314

REFUND POLICY: There will be a \$25.00 administrative fee for all refunds.

NO REFUNDS AFTER THE START OF THE TEAM'S FIRST PRACTICE

Register Early to Guarantee Placement on a Team. Any questions regarding registration Email: scsbsareq@gmail.com In compliance with Americans Disabilities Act, for special assistance for youth Baseball/Softball Please Call. As the Parent/Guardian of the above named player, I agree that it is ultimately my responsibility to return any equipment used back to the SCSBSA. I agree to pay for all equipment not returned by August 1st.

I understand that all equipment will be considered new for billing purposes. (Rev 1-2-20)