



ST. CLAIR SHORES BASEBALL / SOFTBALL ASSOCIATION

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

(Please Print)



Player Name: _____ Gender: M F

Address: _____

City: _____ Zip Code: _____ Phone: (____) _____

Email: _____ Date of Birth: _____

Signature of Parent or Guardian 1: _____

Name of Parent or Guardian 1 (Please Print): _____

Parent or Guardian 1 would like to: ☐ Manage ☐ Coach ☐ Volunteer (Please Circle)

Signature of Parent or Guardian 2: _____

Name of Parent or Guardian 2 (Please Print): _____

Parent or Guardian 2 would like to: ☐ Manage ☐ Coach ☐ Volunteer (Please Circle)

"Returning Player" Please List Past Coach (Please Print): _____

The St. Clair Shores Baseball /Softball Association is very proud to sponsor not one but two Special Needs Softball Teams. One in the American League and one in the National League, these teams begin practice in the spring and play begins end of May and continues into the beginning of August. They play against other communities in the area with children with Special Needs. If you are the parent of a Special Needs child who wants to get out in the spring and summer and play ball, then this is the program for your child. There is a minimum age of 15 yrs. old and it is open to both boys and girls. The American League is designed for children with more severe mental and physical handicaps whereas the National League is more competitive. The Coaches from both teams will determine what team your child should play on.

2020 PLAYER FEES "Note: A One Time \$3 Fee Applies Per Payment Transaction"

"TITANS" - Special Needs Baseball / Softball \$60.00
(Registration Deadline: April 15th, 2020)

****PAYMENT****

(Select One)

Enclosed Check or Money Order

Payable to SCSBSA

☐

☐

☐

☐

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 #

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 call 586-435-5442

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 to the SCSBSA.

Rev. 1/02/2020

Visit us on line at: www.scsbsa.com