

Scott Scorpions 2020 Softball

Easy Steps to Register

- Complete the SAA, Inc. Softball Registration Form
- Complete the League Registration Form
- Complete the League Medical Release Form
- Complete the County Code of Conduct Agreement
- Provide a copy of Birth Certificate (*required*)
- Attach check payable to: **Scott Athletic Association, Inc.**
OR to SAA, Inc.

*** We cannot place your child on our registration forms if your application package is incomplete, or if we do not have your birth certificate either attached or on file, or if we have not received payment. ***

Please bring the documents above to a sign-up day, practice, or
MAIL all completed forms and checks to:

Scott Athletic Association, Inc.
P.O. Box 2013
Chester, VA 23831

Reminders:

It is the organization's policy to communicate by email. Please make sure you provide your email address (or addresses) on the appropriate form and/or register your email on our website for the appropriate sport (in this case, Softball).

Our website will be updated on a regular basis, so please visit the site for information on schedules, times, sites, cancellations, etc.

www.scottscorpions.org

GO SCORPIONS !!!!

SCOTT ATHLETIC ASSOCIATION, INC.

P.O. Box 2013 Chester, VA 23831

Softball 2020

PLEASE PRINT

Name _____
(Last, First, Middle)

Address _____
(Street, City, State, Zip)

Date of Birth _____ Grade (as of Dec. 2019) _____ Age _____ (as of Dec. 31, 2019)

Elementary School Boundary _____ School Attending 2019 /2020 _____

Mothers Name _____ Home Phone: () _____ - _____ Work: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Fathers Name _____ Home Phone: () _____ - _____ Work: () _____ - _____

Cell Phone: () _____ - _____ Email: _____

Did Child Play Last Year? YES NO If yes, for who _____

I/We the parent(s) or legal guardians of the above named child, a candidate for a position on the Scott Athletic Association, Inc., team, which is a member association of the Chesterfield Youth Softball Association, Inc., hereby give my/our approval for his/her participation in any and all League and Association Sponsored activities.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and hereby waive, release, absolve, indemnify and agree to hold harmless the Scott Athletic Association, Inc. and their respective directors, officers, Coaches, and Participants, and Persons transporting my/our Son/Daughter; Chesterfield Youth Softball Association, Inc., the Organizers, Sponsors, Supervisors, Participants, from any claim arising out of or from any injury to my child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return, upon request, any loaned equipment issued to my child in as good condition as when received except for normal wear and tear.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial registration or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Youth Softball Association, Inc., permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

I/We authorize the team coach, or another representative of the association to present my child for emergency medical treatment by a physician, surgeon or hospital licensed by the Commonwealth of Virginia.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

* FEES (includes all fees) *

\$145 for 8U (8 and under) \$145 for 10U and Up (9 and over)

Subtract \$25 for second and subsequent family members from same household that are also registering.

⇒ UNIFORM SIZES (be sure to indicate adult or youth): SHIRT _____ PANTS _____

**** Uniforms, etc. will not be issued until all fees are paid in full unless prior arrangements are made with SAA****

SCOTT ATHLETIC ASSOCIATION USE ONLY

Amount Received \$ _____ Date Received _____ Check No: _____ By _____
Balance Due \$ _____ Balance Paid \$ _____ Date Paid: _____ By _____

**ANY CHECK THAT IS RETURNED BY ANY FINANCIAL INSTITUTION IS SUBJECT TO A \$35 SERVICE CHARGE,
NO REFUNDS AFTER 3rd Week of Practice.**

Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2020

Name of Association: _____

Mail Application and Check or Money Order, payable to the appropriate Association

Player Information:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Age**</u>	<u>Age* Group</u>	<u>Ever Played CYSA before</u>	<u>How Many Years</u>	<u>Travel Ball Player?</u>
----------------------	----------------------	--------------	-----------------------	------------------------------------	---------------------------	--------------------------------

Address: _____ **City:** _____ **Zip:** _____

*Age Groups Slow: 6U, 8U, 10U, 12U, 15U & 18U Fast: 10F, 12F, 15F, & 18F

**AGE AS OF DECEMBER 31, 2019

Elementary School District you live in: _____ (even if they attend middle or high school)

Parents/Guardian Last Name: _____ **First:** _____ **Phone:** _____

Work: _____ **Cell:** _____ **E-Mail Address:** _____

I/We, the parent(s) or guardian(s) of the above named player, do hereby give my/our approval for his/her participation in any and all of the activities of the Chesterfield Youth Softball Association, Inc. (CYSA) or its Member Associations to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless CYSA, and the organizers, sponsors, supervisors, participants and persons transporting my youth to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. CYSA, Member Associations and all league rules and regulations bind all member and participants. All members are bound by CYSA and its Member Associations Code of Ethics. I agree to return upon request (If required), the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear. I will furnish a copy of a certified birth certificate of the above child/children upon request. By my signature below, I promise to pay the participation fees to the Member Association my player is associated with this season. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, the Member Association has the right to effect legal action to collect the money due the association. There will be a \$25.00 charge for any NSF checks presented to CYSA or its member associations. Each child will be covered by a supplementary group accident policy both during practice and the playing season. **By signing below you, your family and friends agree that you have read and agree to follow the Chesterfield County Parent Code of Conduct Form and that you have received a copy. Also, that permission is granted to CYSA to use my youth's picture in future advertisement and literature (including social media) for Chesterfield Youth Softball Association**

Father's/guardian Signature: _____ **Date:** _____

Mother's/guardian Signature: _____ **Date:** _____

If you are interested in helping with a team, please feel free to notify the head coach of your child's team. All adults associated with a team must pass a background investigation with Chesterfield County prior to the first game of the season. These forms are available from the Head Coach.

Chesterfield Youth Softball Association, Inc. * Web Site: <http://www.leaguelineup.com/cysa> * E-Mail address: [Email](#)

OFFICIAL USE ONLY

AMT DUE: _____ **AMT PAID:** _____ **BAL DUE:** _____ **CHECK#** _____ **RECEIPT#** _____

Chesterfield Youth Softball Association, Inc. and Member Associations
Medical Release Form
www.leaguelineup.com/cysa

As the parent or guardian of (child's name) _____, who is a member of CYSA and its Member Associations, I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such ailments that could create and/or cause problems due to strenuous activity. For example: (asthma, migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

Explain conditions and list any medications:

Medical Diagnosis	Medication	Dosage	Frequency of dosage

Allergies: _____

In case of emergency please contact:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____ Relationship: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____ Relationship: _____

Doctor's Name: _____ Dr.'s Phone No.: _____

Hospital preference: _____ Date of last tetanus shot: _____

Name of Health Insurance Coverage Provider: _____

This is to certify that I, as the parent or guardian of _____, a player participating in the organized softball program of the Chesterfield Youth Softball Association, Inc. (CYSA) and its Member Associations, hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Youth Softball Association, Inc., its Member Associations, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

We further give authorization and permission for the transportation of the player named herein to a place of medical treatment in the event the player is injured or involved in an incident while participating in said softball program, if in the opinion of any adult associated with said organized softball program, that the nature of the incident is such that the player ought to be examined for the purpose of determining whether or not an injury occurred or that treatment is necessary. We further understand that in the event such transportation or emergency medical is undertaken that every reasonable effort will be made to notify either a parent or legal guardian as soon as possible.

Signature: _____

Date: _____ Relationship to child: _____

*Please include both parents/guardians names

Chesterfield County Parks and Recreation Parents Code of Conduct

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Signature _____ Date _____