

# FOSTER CITY YOUTH SOFTBALL ASSOCIATION

P.O. Box 4211  
Foster City, CA 94404

## MAIL APPLICATION INSTRUCTIONS

SPRING 2010

Returning players are welcome to register by mail for the 2010 spring softball season. To do so, print out this entire package and complete two documents in the package.

- Application Form (Player Application and Medical Release)
- Age/Division Agreement

Note that evaluations are mandatory for all 9 - 14 year old players. Please see the evaluation flyer in this package for more information.

Fees for the 2010 Spring Season are as follows:

- First FCYSA player in family - \$100
- Second FCYSA player in family - \$90
- Third or more FCYSA players in family – no charge
- Non-resident fee per player - \$25
- There is a \$30 late fee for registrations submitted after December 5th

Once the Application Form and Age/Division Agreement are complete, mail with a personal check payment made out to FCYSA (no mailed cash please) to:

Foster City Youth Softball Association (FCYSA)  
P.O. Box 4211  
Foster City, CA 94404

Registrations should be postmarked no later than December 5th to avoid late registration fees.

Please contact FCYSA President Bill Cerreta ([bcerreta@fcsoftball.org](mailto:bcerreta@fcsoftball.org) or 650-357-7522) or VP Chris Shales ([cshales@fcsoftball.org](mailto:cshales@fcsoftball.org) or 650-349-2124) with any questions.

[www.fcsoftball.org](http://www.fcsoftball.org)

# FOSTER CITY YOUTH SOFTBALL ASSOCIATION

## PLAYER APPLICATION AND MEDICAL RELEASE

### PLAYER INFO:

PLAYER'S FULL NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
STREET ADDRESS, CITY AND ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
LAST YEAR'S TEAM \_\_\_\_\_ DIVISION \_\_\_\_\_

NEW PLAYER TO FOSTER CITY YOUTH SOFTBALL    **YES**    **NO**    FIRST TIME PLAYING ORGANIZED SOFTBALL    **YES**    **NO**

### PARENT OR GUARDIAN INFO:

PARENT E-MAIL \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
FATHER'S ADDRESS (IF DIFFERENT THAN PLAYER) \_\_\_\_\_  
MOTHER'S FULL NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
MOTHER'S ADDRESS (IF DIFFERENT THAN PLAYER) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ PLAYER LIVES WITH: (CHECK ONE) BOTH \_\_\_ MOTHER \_\_\_ FATHER \_\_\_  
SIBLINGS IN FOSTER CITY YOUTH SOFTBALL ASSN AND AGE(S) \_\_\_\_\_

### MEDICAL/EMERGENCY INFO:

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING).

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
INSURANCE PLAN \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

OTHER (ANY OTHER MEDICAL INFORMATION ABOUT THE PLAYER THAT SHOULD BE NOTED) \_\_\_\_\_

TEAM/COACH REQUESTS (6U and 8U only) \_\_\_\_\_  
(WE WILL ATTEMPT TO ACCOMMODATE YOUR REQUEST, BUT NO GUARANTEES CAN BE MADE)

LIST OTHER ACTIVITIES IN WHICH PLAYER IS INVOLVED THAT MAY CONFLICT WITH SOFTBALL \_\_\_\_\_

### \*\*\*LEAGUE USE ONLY\*\*\*

ID# \_\_\_\_\_ AGE \_\_\_\_\_ DIV \_\_\_\_\_ B/C \_\_\_\_\_ PAID \_\_\_\_\_ cash/check with check #  
Registration (note if multiple players) \_\_\_\_\_ Souvenir \_\_\_\_\_ Non-Resident Fee \_\_\_\_\_

**PARENT PARTICIPATION AGREEMENT:** FCYSA is an all volunteer organization. We depend on our volunteers to make our league function. We expect all families to donate at least 4 hours of their time to the league. Please check the volunteering roles listed below that we can contact you about.

\_\_\_\_\_ **Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_ **Umpire** \_\_\_\_\_ **Snack Shack** \_\_\_\_\_ **Fundraising**  
(fill out coach application form) (fill out coach application form) (Urgent need, many roles to choose)

\_\_\_\_\_ **Hit-A-Thon Committee** \_\_\_\_\_ **Sponsor a Team** \_\_\_\_\_ **Team Parent** \_\_\_\_\_ **Scorekeeping**  
(Picture day & fund raiser)

**PLAYER'S AGE STATEMENT:** It is the philosophy of Foster City Youth Softball Association that players play in their age division, unless there are extenuating circumstances. We strive to balance teams through player evaluations in the competitive divisions, where coaches evaluate the players amongst their peers. I HAVE READ AND UNDERSTAND AND AGREE TO THE ABOVE STATEMENT REGARDING AGES AND DIVISIONS.

\_\_\_\_\_  
(INITIAL HERE)

**PHOTO RELEASE:** I hereby consent to FCYSA's use of the player's photograph and likeness in its publications and advertising materials, including on its website. The player's name shall not be used in conjunction with any photograph. I release FCYSA, its directors, officers, supervisors, coaches and volunteers from any expectation of confidentiality or privacy for the minor child listed below in relation to FCYSA's operations, advertising, web site materials. I attest that I am the parent or legal guardian of the child listed below.

\_\_\_\_\_  
(INITIAL HERE)

**PARENT'S MEDICAL RELEASE:** In case of actual or suspected injury, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize the adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Youth Softball Association to have my/our child examined and treated by any licensed emergency medical technician, physician, dentist, and/or hospital in my absence and to disclose any information about my child to the treatment provider. In the event I cannot be reached, please contact the persons listed on the other side of this form immediately. I also do hereby assume all risks and hazards of and hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Youth Softball Association, its directors and officers, the organizers, sponsors, supervisors, parents and participants for any claim arising out of or relating to any injury to me, the participant or my family sustained as a result of or incidental to the conduct of FCYSA activities, regardless of fault or negligence, or for any other cause except to the extent and in the amount covered by accident and/or liability insurance.

I ALSO AGREE TO SUPPORT THE FCYSA PROGRAM AND TO WORK WITH THE LEAGUE TO PROMOTE THE BEST POSSIBLE ATMOSPHERE FOR SOFTBALL. I UNDERSTAND THAT ALL COACHES, UMPIRES AND BOARD MEMBERS ARE VOLUNTEERS, AND THAT I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES AND OFFICIALS AT EVERY GAME AND/OR PRACTICE.

PLAYER NAME \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

RELATIONSHIP TO PLAYER \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Approved by League

# FOSTER CITY YOUTH SOFTBALL ASSOCIATION

## 2010 AGE / DIVISION AGREEMENT

<u>INITIALS</u>	<u>LEAGUE AGE*</u>	<u>DIVISIONS</u>	<u>UNDERSTANDINGS &amp; AGREEMENTS</u>
_____	5 & 6	6U	I understand my child will play in the 6U T-Ball Division
_____	7 & 8	8U	I understand my child will play in the 8U Coach-pitch Division.
_____	9 & 10	10U	I understand my child will play in the Player-pitch 10U Division
_____	11 & 12	12U	I understand my child will play in the Player-pitch 12U Division
_____	13 & 14	14U	I understand my child will play in the 14U Player-pitch Division

**\* League Age is determined by player's age as of December 31, 2009.**

**Please note:** FCYSA age-based division assignments are based on league standards developed with player safety and quality of playing experience in mind. If you feel your daughter belongs in a division other than her age-based division, you may request a division assignment exception from the FCYSA Board of Directors. Such requests must be made in writing to the attention of the FCYSA President no later than December 5th, 2009. Note that it is the standing policy of FCYSA that no player will be allowed to shift her playing age by more than one year.

# **FOSTER CITY YOUTH SOFTBALL ASSOCIATION**

## **EVALUATION FLYER**

### **MANDATORY PLAYER EVALUATIONS**

**Softball League Age 9 through 14**

**Saturday Jan. 9<sup>th</sup> or Saturday Jan. 23<sup>th</sup>**  
**(Rain Dates January 10th and January 24th)**

**Sea Cloud Park - field B2**

**Evaluation sessions will last approximately one hour. Please arrive 15 minutes early to sign up for a specific session:**

- **13 & 14 year olds at 9am**
- **11 & 12 year olds at 11am**
- **9 & 10 year olds at 1pm**

**Players should each bring a glove and cleats, and may bring a bat and helmet if they so desire. 11 & 12 year olds should bring a sliding pad as they will be asked to slide during the evaluation.**

**League Age is determined by player's age as of December 31, 2009.**

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[www.fcsoftball.org](http://www.fcsoftball.org)

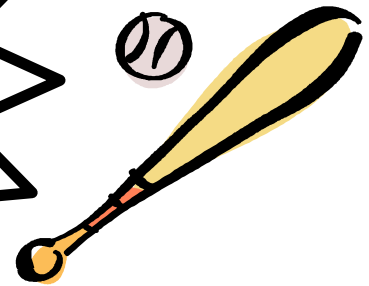
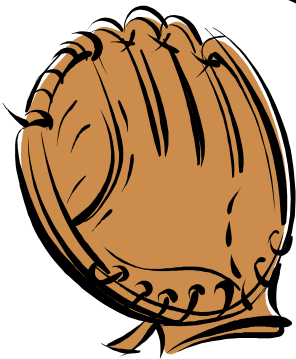
**If this is you...**

Your garage is full of baseball and softball equipment that your kids have outgrown and you just haven't had time to clear them out.

**-OR-**

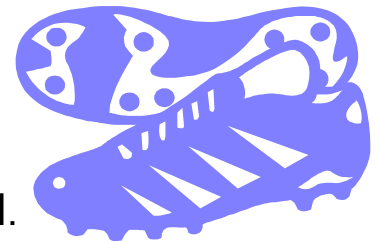
**If this is you...**

The season is around the corner and you just found that the cleats, glove or bat your child used before no longer fit or have worn out.



Drop off the baseball or softball equipment you no longer need...

...Pick up the things you do need.



Bats, gloves, cleats, and other equipment are all welcome. No money changes hands and you don't need to bring an item in order to pick up an item. All items remaining at the end of the day will be donated to Bay Area leagues in need of equipment.

Look for the Swap at the upcoming Foster City Youth Softball Association Registration days at the Audubon Elementary School LGI Room.

**Saturday, November 21 from 10AM to 3PM**

**Saturday, December 5 from 10AM to 3PM**

# Foster City

## Softball Sign-ups

### Spring 2010 Season

**WHEN:** SATURDAY, NOVEMBER 21, 2009 10:00 AM – 3:00 PM  
SATURDAY, DECEMBER 5, 2009 10:00 AM – 3:00 PM

**WHERE:** AUDUBON ELEMENTARY SCHOOL LGI ROOM (841 GULL AVENUE)

**WHO:** GIRLS OF AGES 5 – 14

**AGES:** PLAYERS MUST BE AT LEAST 5 YEARS OLD on DECEMBER 31<sup>ST</sup>, 2009 AND NO OLDER THAN 14 YEARS OLD on DECEMBER 31<sup>ST</sup>, 2009 (Birth dates between January 1, 1995 and December 31, 2005, inclusive).

**FEES:** 1<sup>ST</sup> FCYSA Player in family \$100, 2<sup>nd</sup> player \$90, 3<sup>rd</sup> + player free  
There is a \$30.00 fee for late sign-ups (after December 5th)  
Non-resident fee of \$25 per player  
Scholarships are available as needed, contact FCYSA President

**BRING:** COPY OF BIRTH CERTIFICATE (New players only)  
NAME & PHONE # OF DOCTOR, DENTIST, INSURANCE CO. AND POLICY NUMBER  
CASH, CHECK OR MONEY ORDER PAYABLE TO: "FCYSA"

\*\*\* PLEASE NOTE THAT WE CAN NOT ACCEPT CREDIT CARDS FOR PAYMENT \*\*\*

Returning players may register by mail. Go to [www.fcsoftball.org](http://www.fcsoftball.org) and click on Registration. Print out forms and mail with payment. All new players must register in person and bring their birth certificate.

Please contact FCYSA President Bill Cerreta ([bcerreta@fcsoftball.org](mailto:bcerreta@fcsoftball.org)) or VP Chris Shales ([cshales@fcsoftball.org](mailto:cshales@fcsoftball.org)) with any questions.

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