

2022 USA Softball of Metro Detroit YOUTH TEAM REGISTRATION FORM

ONLY for individual team registration! If registering a league or multiple teams, please use the excel spreadsheet as provided by mParks

(Effective September 1, 2021-August 31, 2022)

This is a combined national USA Softball and USA Softball of Metro Detroit team registration form

If Metro Detroit area teams wish to participate in USA Softball national qualifiers or *state tournament* play, they must register players individually. If you register team members individually, your team registration fee is waived and ALL players receive an insurance policy – Great Value!

CHECK, MONEY ORDER or Charge Card information MUST BE ENCLOSED TO PROCESS; PayPal is also an option to pay. <u>There will be a \$25 Charge for all returned checks</u>

\$25 Registration fee per team – Please make sure this form is fully completed or it cannot be processed and will be returned!			mParks Office Use Only
			Team #
Circle Appropriate Divisio	on of Play:		Received on
Girls FP 10U A (53110)	Girls FP 10U B (54110)	Girls Slow 10U (56210)	
Girls FP 12U A (53112)	Girls FP 12U B (54112)	Girls Slow 12U (56212)	Processed on
Girls FP 14U A (53114)	Girls FP 14U B (54114)	Girls Slow 14U (56214)	
Girls FP 16U A (53116)	Girls FP 16U B (54116)	Girls Slow 16U (56216)	V: PMT:
Girls FP 18U A (53118)	Girls FP 18U B (54118)	Girls Slow 18U (56219)	
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All adult team personnel in the dugout and on the field, including those in recreational leagues (non-travel), must complete a Background Check and take SafeSport training if the team has and players age 17 or under (this includes coaches, scorekeepers, trainers, etc...) They must login and create an account at www.RegisterUSAsoftball.com. Cost for the background check is \$13; SafeSport training is free. Those players that turn age 18 or older prior to August 31, 2022, must also be SafeSport certified. It is our responsibility as USA Softball the NGB and USA Softball of Metro Detroit to encourage and promote education/training to all ages regarding preventing all forms of abuse and misconduct.

TYPE OR PRINT CLEARLY

Team Name	Manager's Name	
Completed USA Softball Background Check? YI	ES NO SafeSport Certification Completed	YES NO
Email Address (<i>REQUIRED</i>)		
Street Address	City S	tate
Zip County Pl	hone	
(City/Agency that administers league)	Organization Contact Person	
() Check Enclosed () Credit Card	Expires / Name on Card	
Card #////	3 digit security code (on back of card)	
Make checks payable to: "USA Softball of Metro Detroit mParks	t". Return completed form with full payment to by mail of	or fax:
PO Box 27609 Lansing, MI 48909-0609 Phone: 517.485.9888 FAX: 517.485.7932 USA Softball Detroit web site: www.USASoftbal		
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For assistance: USA Softball of Metro Detroit JO Commissioner, Dennis Troshak – 517.548.0124 NO REFUNDS ONCE mParks RECEIVES FORM(S) or PAYMENT

