



2020

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, 2019-August 31, 2020)

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. There will be a \$25 Charge for all returned checks

\$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 # _____
Received on _____
Processed on _____
V: _____ PMT: _____
TM: _____ PK: _____

Circle Appropriate Division of Play:

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)
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)
Girls FP 18U A (53118)	Girls FP 18U B (54118)	Girls Slow 18U (56219)

NEW in 2020 – 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 \$10; SafeSport training is free.

TYPE OR PRINT CLEARLY

Name _____ Manager's Name _____

Completed USA Softball Background Check? YES NO SafeSport Certification Completed YES NO

Email Address (REQUIRED) _____

Street Address _____ City _____ State _____

Zip _____ County _____ Phone _____

(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". Return completed form with full payment to by mail or fax:

mParks

PO Box 27609 Lansing, MI 48909-0609

Phone: 517.485.9888

FAX: 517.485.7932

USA Softball Detroit web site: www.USASoftballDetroit.org



For assistance: USA Softball of Metro Detroit JO Commissioner, Dennis Troshak – 517.548.0124

NO REFUNDS ONCE mParks RECEIVES FORM(S) or PAYMENT

