



Forest Youth Sports Association  
AGES 4-12 T BALL, SOFTBALL, BASEBALL  
**REGISTRATION JANUARY 12-FEBRUARY 13, 2026**

Name \_\_\_\_\_ SEX \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**BOYS AGE AS OF MAY 1 \_\_\_\_\_ GIRLS AGE AS OF JANUARY 1 \_\_\_\_\_**  
**YEARS EXPERIENCE OF PLAYING BASEBALL/SOFTBALL \_\_\_\_\_**

Address \_\_\_\_\_ CITY \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Parents \_\_\_\_\_ :

Siblings playing in SAME AGE GROUP \_\_\_\_\_

**YOUTH** SHIRT XS S M L XL **ADULT** SHIRT S M L XL  
PANT XXS XS S M L XL PANT S M L XL

I AM WILLING TO COACH A TEAM \_\_\_\_\_

I AM WILLING TO SPONSOR A TEAM \_\_\_\_\_

**Cost per player: \$75.00**

Please make checks payable to Forest Youth Sports Association (FYSA)

Please return registration forms to City of Forest Parks and Recreation office located at Gaddis Park or mail to 835 Park Road, Forest Ms. 39074.

**\*\*CERTIFIED BIRTH CERIFICATE IS REQUIRED AT TIME OF REGISTRATION!**

We, the parents of the above named child, who is applying for a position in an athletic league, hereby give consent and approval to participate in any and all of the activities of the program during the current season. We assume the risks and hazards incidental to the conduct of the activities. We do further hereby release, absolve, indemnify and hold harmless the City of Forest Parks and Recreation Department, the organizers, sponsors and the supervisors any and all of them.

Incase of injury to the named candidate, whereby waive all claims against the above or any of the supervisors appointed by them. We agree to furnish a CERTIFIED BIRTH RECORD of the above named child at the time this form is presented.

**IN THE EVENT OF A PHYSICAL ACCIDENT OR EMERGENCY, THE CITY OF FOREST PARKS AND RECREATION DEPARTMENT HAS MY PERMISSION TO ADMINISTER AS IT SEE FIT FOR THE CHILD'S BEST INTEREST. IN THE EVENT OF INJURYWHILE THE CHILD IS IN ATTENDANCE, MEDICAL EXPENSES INCURRED AND NOT COVERED BY ATHELTIC INSURANCE, IS THE RESPONSIBILITY OF THE PARENT/GAURDIAN.**

Are there any medical conditions that the Recreation Department needs to be aware of? If yes please explain:

I understand that I will not always agree with the coaches and referees but will pledge to conduct myself in a manner of good sportsmanship so that the children will not be negatively influenced by my actions or words.

**WE ONLY HONOR TBALL TEAM REQUEST!**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_