



**ST. CLAIR SHORES
BASEBALL SOFTBALL ASSOCIATION**
P.O. Box 314 St. Clair Shores, MI 48080-0314
Register Online at: www.scsbsa.com



Player Name: _____ Gender: M F

Address: _____

City: _____ Zip Code: _____ Home #: (_____) _____

Email: _____ Cell #: (_____) _____

*Must Provide Copy of Birth Certificate (If Asked) Date of Birth: _____

For Team Selection: Number of years Playing Experience _____ Game Experience at: Pitcher / Catcher (Please Circle)

Name of Parent(s) or Guardian(s) (Please Print): _____

Signature of Parent(s) or Guardian(s): _____

Parent or Guardian would like to: Manage Coach Volunteer (Help with Opening Day & Other Events) (Please Circle)

Is Player Returning from Last Season? _____

St. Clair Shores Residents Only Family Plan

After Two (2) Paid Players, 3rd Sibling (youngest) Plays "For \$25"

Division determined by player age (May 1st Boys, Sept 1st Girls)

Note:

WALK IN or DRIVE THRU REGISTRATION DATES "TBD" Check Website for Updates!

No Boys Federation / Tournament or Girls softball Travel / Tournament players are eligible for the recreation league. (Excluding Boys Colt / Palomino Division & Girls 16u Division)

I hereby acknowledge that the player is ineligible to play in the SCSBSA If rostered on a Travel or Tournament team for 2026 Please check box:

Note: Add \$3 to Final Payment for Transaction Fees

2026 PLAYER FEES Please Check One (Not for Boys Federation or Girls Travel Fast pitch)				
Age	Boys	Girls	Resident	Non-Resident
4,5 & 6 Years Old	T-Ball	T-Ball	\$120.00	\$125.00
7-8 Years Old	Pinto	9 & Under	\$130.00	\$135.00
9-10 Years Old	Mustang		\$150.00	\$155.00
11-12 Years Old	Bronco	12 & Under	\$160.00	\$165.00
After April 1 Please add a \$10.00 Late Fee for Above Groups				
13-14 Year Olds	Pony	13,14,15 & 16 (16U)	\$180.00	\$185.00
*15 Years and Up	Colt / Palomino	N/A	\$200.00	\$205.00

All Players receive: Jersey, Pant, Hat or Visor.

Colt / Palomino & Girls 16u/18u players will be placed on a waiting list (Already formed Teams Welcome in these Divisions)

****PAYMENT****

(Select One)

Enclosed Check or Money Order



Payment

Square Payment

Cash

Payable to SCSBSA



Card Number: _____

Name (As it appears on card): _____

Expiration (Month / Year): _____ / _____ 3-Digit Security Code (On back of card): _____

Official Use Only	
Birth Certificate Verified	
Yes	No
Paid	Check #

I have read and understand that SCSBSA reserves the right to use photographs taken of my child throughout the season and are only to be used as publicity, illustration, advertising, and Web content.

Mail this completed form with your check if applicable to: SCSBSA P.O. Box 314, St. Clair Shores, MI 48080-0314

REFUND POLICY: There will be a \$25.00 administrative fee for all refunds.

NO REFUNDS AFTER THE START OF THE TEAM'S FIRST PRACTICE

Register Early to Guarantee Placement on a Team!