



**SOUTH BAY F.O.R. JUNIOR SPORTS ASSOCIATION
PLAYER ADD FORM**

Date: _____

Team Name: _____ Grade: _____

Player Name: _____

Check applicable box for previous year:

- Not affiliated with any organization
- Affiliated with another organization (complete below)

Previous Affiliation

Organization: _____

Team Name: _____

Effective Date of Resignation: _____

- Release form must be attached

F.O.R. Parent Representative: _____

F.O.R. Team Head Coach: _____