

# SPORTS REGISTRATION



Platte County Community Centers  
**BETTER TOGETHER**

## YES! ENROLL ME IN THE FOLLOWING SPORTS:

Mail, fax or drop off to the Sports Director at the Y or register online at [www.KansasCityYMCA.org/sports](http://www.KansasCityYMCA.org/sports).

### PLATTE COUNTY COMMUNITY CENTER SOUTH (operated by the YMCA)

8875 Clark Avenue • Parkville, MO 64152

P 816.505.2622 F 816.505.1221

### 20% DISCOUNT FOR SIBLINGS FOR SPORTS – FINANCIAL ASSISTANCE AVAILABLE

YOUTH FLAG FOOTBALL  K-1st  2nd-3rd  4th-5th  6th-7th

YOUTH SOCCER  K-1st  2nd-3rd

YOUTH BASKETBALL  K-1st  2nd-3rd  4th-5th  6th-7th

BITTY FLAG FOOTBALL 3-5 yrs  Session 1 March 31-May 5  Session 2 April 2-18

BITTY SOCCER 3-5 yrs  Session 1 March 31-May 5  Session 2 April 30-May 16

Name: \_\_\_\_\_

Male  Female DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

### WE CAN USE YOUR HELP AS A PARENT VOLUNTEER!

I WILL VOLUNTEER IN ONE OF THE FOLLOWING AREAS:  Coach  Assistant Coach

Please choose a shirt size  YS  YM  YL  AS  AM  AL

Request a coach (optional): \_\_\_\_\_

Request a friend (optional): \_\_\_\_\_

### PAYMENT INFORMATION

Check  MasterCard  Visa  Discover  AMEX

Name on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Total fee: \_\_\_\_\_

### PLEASE HELP A DESERVING CHILD PARTICIPATE IN A YMCA SPORT. THANK YOU.

\$10  \$25  \$50  \$75  \$100  Other \$ \_\_\_\_\_

GRAND TOTAL: \_\_\_\_\_

### PARTICIPATION RELEASE

I release the YMCA of Greater Kansas City, its coaches and officials from all claims of injury which may be sustained by aforementioned child while participating in any Y-sponsored activity, whether caused by the negligence of the Y or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the YMCA of Greater Kansas City sportsmanship standards and guidelines. By signing below, I give the Y permission to use photographs or videos of the named participant in its promotional/educational materials.

Player's Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE

Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE USE ONE FORM PER CHILD.  
FINANCIAL ASSISTANCE AVAILABLE  
FOR THOSE WHO QUALIFY.**