

SPORTS REGISTRATION



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.

VIVION ROAD FAMILY YMCA 1101 NE 47th Street • Kansas City, MO 64116
T 816.453.6600 F 816.453.1192

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

BASEBALL Tee Ball 5-6 yr olds Coach-Pitch 7-8 yr olds Kid Pitch 9-10 yr olds Kid Pitch 11-12 yr olds

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.**