

Age _____ Grade _____ DOB _____



Pleasant Hill Parks and Recreation
 203 Paul Street Pleasant Hill, MO 64080 • 816-540-3135 • FAX 816-987-5141

Youth Registration Form

PLAYER INFO		
Last Name	First Name	Gender
Address (City/State/Zip)		
# of season played	Last Team	
SHIRT SIZE (Circle One)		
Youth Small	Adult Small	
Youth Medium	Adult Medium	
Youth Large	Adult Large	
CONTACT INFO		
Primary Contact Number		
Father	Phone #	
Mother	Phone #	
Email Address		
MEDICAL INFO		
Doctor In Case of Emergency/Phone #		
Emergency Contact/Phone #		
List Any Medical Conditions		
INTERESTED IN COACHING:		
Head Coach	Asst. Coach	
Interested in sponsoring a team? Ask for details!		

REGISTRATION FEES (Circle Division)		
<u>Division</u>	<u>Grade</u>	<u>Fee</u>
Volleyball	4-8	\$65
Tee Ball	5-K	\$55
Coach Pitch (Girls)	1-2	\$80
Machine Pitch (Boys)	1-2	\$80
10u Baseball/Softball	3-4	\$80
12u Baseball/Softball	5-6	\$90
14u Baseball Softball	7-8	\$90
Basketball	5 y.o. -K	\$55
Basketball	1-8	\$65
<i>*7/8 graders if not playing MS Basketball</i>		
<i>**Ask about clinic info for ALL sports.</i>		
FAMILY SHIRTS: \$12/Shirt (\$1/Size after XL)		
Shirt Size	Name On Back	
CONSENT - MEDICAL TREATMENT		
As parent or guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of medicine or dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of dependant.		
Signature X		
RELEASE		
I, the parent or guardian of the registrant, a minor, agree that we will both abide by the rules of Pleasant Hill Parks & Recreation Department. Recognizing the possibility of physical injury associated with youth sports and in consideration for the program accepting the registrant for its youth sports and activities I, hereby release and hold harmless the City of Pleasant Hill, its employees, team sponsors, associated personnel, or facility owner, hereby authorize.		
Signature X		