PLEASE ENROLL MY CHILD IN THE FOLLOWING SPORT:
Please complete this form and return it (with the appropriate registration fee) to the front desk at your Boys & Girls Club.

ONE FORM PER CHILD, PLEASE

**SPORT:**  
- Aquatics  
- Basketball  
- Cheerleading  
- Flag Football  
- Soccer  
- Volleyball

**SKILL LEVEL:**  
- Developmental – Less than two (2) years playing experience  
- Advanced – More than two (2) years playing experience

**DIVISION:**  
- K-1st Grade (4-6 yrs)  
- 2nd-3rd Grade (7-8 yrs)  
- 4th-6th Grade (9-11 yrs)  
- 7th-8th Grade (12-13 yrs)

**PARTICIPANT INFORMATION:**

Child Name: ________________________________

- Male  
- Female

DOB: ____________  
School: ________________  
Age: _______  
Grade: _______

Address: __________________________________  
City: __________________  
State: _____  
Zip: _______

Email: ____________________________________  
Session: _______________________________

Home Phone: ____________________________  
Work/Cell Phone: _______________________

Mother/Guardian: _________________________  
Father/Guardian: _________________________

Please choose a shirt size:  
- Youth: XS  S  M  L  Adult: S  M  L  XL  XXL

**GEOGRAPHIC PREFERENCE** – League games in the KC Metro Sports League are played in various locations. Whenever possible, we attempt to coordinate games in accordance with player/family preference. We cannot always accommodate such requests, but we try. Please rank the following areas in order of preference where you would prefer your child’s games be played (e.g. first choice = 1, second = 2, third = 3):

- ___ Eastern Jackson County  
- ___ Midtown  
- ___ South Kansas City

WE ARE ALWAYS IN NEED OF PARENT VOLUNTEERS!
I am interested in volunteering as:  
- Head/Assistant Coach  
- Manager/Supporter

Request a coach (optional): ________________________________

**FEES:**  
- $10 – Current Club Member  
- $25 – Non-Member

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

Parent/Guardian Signature: ____________________________ Date: ____________

**OFFICIAL USE**

Receipt #: __________________________  
Staff Initials: ____________ Date: ____________

**PAYMENT INFORMATION:**  
- Cash  
- Money Order  
- Credit Card