

# YOUTH ATHLETICS

## REGISTRATION FORM: PLEASE PRINT

Player's Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you want to receive texts? Yes  No

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

*Please bring copy of birth certificate when registering.*

What school does your child attend? \_\_\_\_\_

Please list any disabilities that need special attention: \_\_\_\_\_

### Registration Fee:

Checks should be made payable to **City of Concord**

- Instructional Clinics (3-4) \$35.00
- City of Concord Resident\* (\$35.00 Registration Fee)
- Non City Resident (\$55.00 Registration Fee)

### How did you hear about us?

- Leisure Times
- Brochure to City Schools
- Online Search
- Word of Mouth

\*City of Concord Resident indicates that applicant resides within the City Limits of Concord.  
All applications subject to verification.

**Sorry, no refunds can be made after first game is played.**

Our programs are dependent upon volunteer coaches. Are you as a parent willing to help coach a team if needed? Yes  No  Maybe  \_\_\_\_\_

## PARENTAL CONSENT INFORMATION:

**Must be signed for applicant to participate.**

We/I, the parent(s) or guardian have given permission for \_\_\_\_\_ to participate in the Youth Athletic Program sponsored by CITY OF CONCORD PARKS AND RECREATION.

As parent or guardian of above participant, I hereby give consent for any emergency treatment as approved by his/her coach or other adult escort, in case of illness or injury while participating in this athletic program. I understand that this is to prevent undue delay and assure prompt treatment and that only a licensed physician will be engaged for such an emergency. Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

Concord Parks and Recreation, its staff, facilities and instructors will not be held responsible for any injury or loss that might occur in the course of this program. Photos and videos may be taken of my child for departmental use. I verify that I have read and fully understand the above information.

\_\_\_\_\_  
Signature of Parent/Guardian PRINTED Name of Parent/Guardian Date

# YOUTH ATHLETICS

## ACTIVITY:

Please indicate age group within activity:

### Basketball

- Instructional Clinic Co-Ed 3-4
- Co-Ed 5-6
- Boys 7-8                       Girls 7-8
- Boys 9-10                      Girls 9-10
- Boys 11-12                   Girls 11-12
- Boys 13-15                   Girls 13-15

### Spring Baseball/Softball

- Instructional T-Ball Co-Ed 3-4
- Coach Pitch Co-Ed 5-6
- Boys 7-8 (CP)               Girls 7-8 (CP)
- Boys 9-10                      Girls 9-10
- Boys 11-12                   Girls 11-12
- Boys 13-15                   Girls 13-15

### Soccer

- Instructional Clinic Co-Ed 3-4
- Co-Ed 5-6
- Co-Ed 7-8
- Co-Ed 9-10
- Co-Ed 11-12
- Co-Ed 13-15

### Fall Baseball/Softball

- Coach Pitch Co-Ed 5-6
- Boys 7-8 (CP)               Girls 7-8 (CP)
- Boys 9-10                      Girls 9-10
- Boys 11-12                   Girls 11-12
- Boys 13-15                   Girls 13-15

Revised 7.6.2016

## UNIFORM SIZES :

Please check size of one t-shirt and one pair of shorts.

### T-Shirts:

- Youth X- Small     Youth Small     Youth Medium     Youth Large
- Adult Small         Adult Medium    Adult Large       Adult XL         Adult XXL

### Shorts:

NA for Baseball

- Youth X-Small     Youth Small     Youth Medium     Youth Large
- Adult Small         Adult Medium    Adult Large       Adult XL         Adult XXL

## SPECIAL REQUESTS:

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Please note that all requests can not be honored, but we will attempt to honor your requests if feasible.  
 The rosters will be locked after the draft is complete. No switching teams after the draft is complete.

## REGISTRATION FEE:

Registration fee: \$35.00 for City of Concord Residents; \$55.00 registration fee for all other participants.

Please make all checks payable to: CITY OF CONCORD.

For further information, please call: **704.920.5617** or **704.920.5618**.  
 Or email: **recreation@concordnc.gov**

For Office Use Only:

Receipt # \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_  
 NOTES: