

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 reason why it would difficult for your child to participate: _____

Registration Fee:

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

- Instructional Clinics (3-4) \$40.00
- City of Concord Resident* (\$40.00 Registration Fee)
- Non City Resident (\$60.00 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

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:

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: \$40.00 for City of Concord Residents; \$60.00 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: