



YOUTH EXCITED about SPORTS

Warrensburg, Missouri



ACTIVITY ENROLLMENT FORM

Call! 429-KIDS/909-6797 or visit us online at www.yeswbrg.com

Mail to:

YES
130 SW 13 Highway
Warrensburg, MO 64093

All Checks and Money Orders made
payable to **YES**

Please Choose Activity:

Dance: (choose which days)

Mon	Tues	Wed	Thur	Fri
Soccer	Lock-In		Basketball	
Volleyball	Baseball		Softball	
Academy	Football			

Child's Name _____ Date of Birth _____ Grade _____

Address _____ Age _____ Gender: Boy or Girl

Parent's Day Phone _____ Evening Phone _____ Cell _____

E-mail address: _____

Pants Size: _____ Shirt Size: _____

For Parent or Guardian:

I hereby certify that the above named child is in normal health and capable of participating safely in the Y.E.S. Youth Sports and/or Dance Program. I also realize that there is an inherent risk of injury in any sport or activity and understand that my child plays at his/her own risk. We urge you to check your insurance situation prior to the start of the season.

All players should be covered by their family hospitalization insurance, as the parents are responsible for costs relating to injuries. Neither Y.E.S, Board of Directors, staff, or volunteers, local programs, organizers, sponsors, supervisors, or participants are accountable for any injury at any game, practice, activity, or trip. I also understand that Y.E.S. may use for publicity and promotional purposes my child's name or pictures of him/her participating in this program without obligation or liability to me.

Parent or Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Payment Type: Cash / Check / Credit / Other: _____

Amount: _____ Check #: _____

Date Received: _____ Staff Member Receiving: _____