

**Moundridge Recreation Commission  
Fall Youth Sports Registration Form**

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Current School Grade: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

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

Shirt Size: Youth M\_\_ L\_\_  
Adult S\_\_ M\_\_ L\_\_ XL\_\_

**Volunteer Positions are available for Parent/Guardians**

Head Coach\_\_\_\_ Ass't Coach\_\_\_\_

Your Name: \_\_\_\_\_

**Sport (select one):** Flag Football (Grades K-6) \_\_\_\_\_  
Soccer (Grades 1-6) \_\_\_\_\_  
Volleyball (Grades 5-6) \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I give permission for my child or children to participate in this program. I will not hold the MRC, USD 423, City of Moundridge or any meet help responsible for any accidents/injuries that may occur.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form and payment in an envelope to the Moundridge Recreation Commission or any Moundridge School Office.

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