



WYOC Baseball / Softball Liability Agreement

Mail or Provide Form To:

Brenda Bennett, General Manager

WYCO Sports Complex

10100 Leavenworth Road

Kansas City, KS 66109

Office: 913.299.9197

Fax: 913.299.0047

E-mail: wyco@kc.twcbc.com

www.wycosports.com

WYCO Sports Waiver Liability Agreement

- 1.** By participating in WYCO sports programs, it is agreed for ourselves and on behalf of our child to release, hold harmless, and indemnify the Wyandotte County Sports Association, Inc., its officers, board members, managers, employees and sponsors from any and all liability from injury or damage sustained by our child while participating in WYCO sports activities.
- 2.** I understand the Wyandotte County Sports Association does not provide medical insurance, and I am responsible for any medical costs associated with participation in any WYCO sports program.
- 3.** I understand that Wyandotte County Sports Association is responsible for the assignment of players to teams in our sports program.
- 4.** I certify that upon request of the Wyandotte County Sports Association administrative office, I will provide a copy of my child's birth certificate for age verification.

By providing the name of the participant and my signature (below) I hereby state that I have read this Waiver Liability Agreement and agree to all of its provisions

Participant Name (Please PRINT)

Parent / Guardian Name (Please PRINT)

Parent / Guardian Signature

Date Signed



WYOC Baseball / Softball Registration

-- Individual Signup Form --

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BOYS AGES 4 – 14 & GIRLS AGES 4 – 16.

Additional information is available on our website.

Player's Last Name _____ Player's First Name _____

Baseball _____ / Softball _____ Male _____ / Female _____ Date of Birth _____
Select Your Sport Example: 06-16-1996

Parent's Last Name _____ Parent's First Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

Secondary Contact Phone or Cell Phone _____

Secondary E-mail _____

School Your Child Attends _____ Current Grade _____

Did Your Child Play previously play at WYCO? Yes _____ No _____

If YES, Previous Year's Manager and Team Name _____

As a Parent/ Guardian, I am interested in being a: Manager ___ Coach ___ Sponsor ___

Parent/ Guardian Signature _____

By signing my name on the above line, I hereby understand and accept the implications of submitting this form.

Use Area Below for Additional Information