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# Baseball / Softball Registration Form

-- Individual Signup --

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**Mail Form To:**  
WYCO Sports Complex  
10100 Leavenworth Road  
Kansas City, KS 66109  
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Brenda Bennett, General Manager  
  
Office: 913.299.9197  
Fax: 913.299.0047

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 \_\_\_\_\_

School Your Child Attends \_\_\_\_\_ Current Grade \_\_\_\_\_

Did Your Child Play at WYCO in 2005? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Last Year's Manager or 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**