



Plattsmouth Community Center

Sports of all Sorts Registration Form



Head of Household Information:

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

We invite people of all abilities to participate in our programs. If your child needs special assistance please mark this box: ☐

OFFICE USE:

Staff Initials _____ Amount Pd. _____

PCC Member _____ Non-member _____

Cash _____ Check _____ CC _____

Checks payable to Plattsmouth Community Center

Participant First Name	Participant Last Name	Age	Grade	Session Dates	Shirt Size: 6/8, 10/12, 14/16
1 st child - \$20mem; \$25non / 2 nd + child(ren) - \$12ea mem; \$17ea non			TOTAL =		

Once session begins, refunds will not be given unless we're provided with a doctor's notice of inability to play.

Release of Liability

By signing this form, I waive, release and forever discharge the PCC and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from participation in this activity. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or child. I understand the inherent risk of injury when participating in strenuous activities and that I should contact a physician prior to participating in strenuous activities.

Print Name: _____ Signature: _____ Date: _____