

# MRH YOUTH SPORTS



Volleyball Registration 2015 Season  
7<sup>th</sup> & 8<sup>th</sup> Grade Girls  
WWW.MRHYS.ORG



**Deadline for Registration July 22, 2015**

For questions email [mrhyouthsports@gmail.com](mailto:mrhyouthsports@gmail.com)  
or call 314-399-9MRH(9674)

**Thank you for supporting MRHYS!**

MRHYS Use Only:

RegFrm: \_\_\_\_\_

PMT: \_\_\_\_\_

FinAid: \_\_\_\_\_

Roster: \_\_\_\_\_

\*\*\* \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_

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

Allergies/Medical conditions? \_\_\_\_\_

Phone: \_\_\_\_\_

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

Willing to Coach? (Background check req.) \_\_\_\_\_ Coach's Shirt Size (circle): S M L XL XXL

\*\*If you have some or all of last year's uniform which still fits & is in good condition, you can circle just the pieces you need & reduce your registration by \$30.  
**A full uniform is included in the Registration Fee.**  
Please mark below if you require a full uniform or circle only select pieces & sizes needed.

Check here for Full Uniform & Circle Sizes

Shorts			Shirt	
Yth Small	\$16		Yth Small	\$25
Yth Med.	\$16		Yth Med.	\$25
Yth Large	\$16		Yth Large	\$30
Adult Small	\$16		Adult Small	\$30
Adult Med.	\$16		Adult Med.	\$30
Adult Large	\$16		Adult Large	\$30

Financial Assistance may be available through PARC for 50% of cost. If interested, please check here:  and complete application on back of this form.

**\*\*Additional documentation is required and MUST be included with the registration:**

1. Previous year's IRS tax filing including W-2s
2. Free/Reduced Lunch Acceptance letter from school
3. Current Proof of Residency (like Occupancy Permit)

Mail Form & Pmt to: MRH Youth Sports  
PO Box 430061  
Maplewood, MO 63143

**Fees: \$115 – (includes uniform)\*\***

**Payable to MRH Youth Sports**

- Registration is open to girls enrolled in 7<sup>th</sup> and 8<sup>th</sup> grade this school year, living in the MRH district.
- **MRHYS reserves the right to reject registrations received after the deadline if teams are too full.**
- Practice times and game scheduled will be posted at a later date. Practices will last 1 to 1 ½ hours.
- Financial Aid is available thru PARC for those who qualify. Applications are available on the reverse of this form or on the MRHYS website.
- **Uniforms will not be ordered for players who have unpaid registration fees or have not submitted a completed Financial Aid Application AND THE REQUIRED DOCUMENTATION.**



Permission and Waiver of Liability: I affirm I am the parent/legal guardian of the Participant named above, & do hereby grant my child/ward permission to participate in the above-named athletic program sponsored by MRHYS. I understand that MRHYS is a non-profit, volunteer organization, which sponsors this program as a community service. I also understand that all sports, including the one for which I am registering my child/ward entail risk of physical injury. I voluntarily assume all the risks & hazards incidental to the participation in this activity. Accordingly, I hereby expressly agree to waive all claims against, & hold exempt from liability MRHYS, its officers, directors, commissioners, coaches, & any other person(s) affiliated with MRH Youth Sports for injury or injuries sustained by my child/ward, from whatever cause, while attending, participating in, or traveling to or from MRH Youth Sports activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Did you attach: Completed Registration Form? Payment? Financial Aid Form (if requesting)?  
Required Documentation (as listed on Financial Aid application)?**

**INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.**

**Parks And Recreation Cooperative –  
Serving Maplewood and Richmond Heights  
Financial Assistance Eligibility Guidelines and Application Procedures**

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Because some residents are unable to participate in recreation programs or services due to economic hardship, the Cities of Maplewood and Richmond Heights may offer financial aid for registration fees for MRHYS. However – the application below **MUST** be completed and the required documentation attached in order to be considered. **THERE WILL BE NO EXCEPTIONS.**

Documents Required (These **MUST** be attached to your application and registration):

- 1. Previous year's IRS tax filing including W-2s**
- 2. A letter indicating child has been approved for the free or reduced school lunch program with dates of eligibility.**
- 3. Current Proof of Residency, for each participant.**

**Financial Aid is only for 50% of registration fee and  
may be subject to annual limitations.**

**Scholarship limits and regulations:**

Applicants for scholarships are not guaranteed program registration or memberships. All requests remain confidential. Persons will be determine to be of need if they are on a form of public assistance, or have a combined gross income below 125% of the Federal Poverty Guidelines (150% for households with and elderly or disabled person). A limited amount of funding is available. **Maximum amount per person is \$100, or \$300 per household annually.** Applicants may apply for one program each program season or one membership per year.

Program/Membership requested \_\_\_\_\_ Date \_\_\_\_\_

Program/Membership cost \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Child/Participant Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For memberships, list all persons living in this household and their ages.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ School \_\_\_\_\_ District # \_\_\_\_\_ Grade \_\_\_\_\_

I am attaching the following form as required (see list above) \_\_\_\_\_

Annual household income \$ \_\_\_\_\_

Reason for scholarship application. (Please be specific, this information will remain confidential and will only be used to determine scholarship assistance if number of applications received exceed available funds.)  
\_\_\_\_\_

I attest, under penalty of perjury, that the document(s) attached are genuine and that all information provided is accurate and reflective of my current, existing financial situation, and all sources of income are accounted for herein.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Complete and return to:  
MRHYS - with your registration & documents required above  
Incomplete Registrations or Applications will NOT be accepted.**