



Boys & Girls Club of Garfield Coaches Association
Sports Program Application



BOYS & GIRLS CLUB
OF GARFIELD

2018 BASKETBALL

MEMBER INFORMATION

(Please print clearly and fill out ALL information.)

NAME _____ GRADE IN _____ DATE OF _____
 SEPT 2017 _____ BIRTH _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

PARENT EMAIL _____

BASKETBALL TEAM/UNIFORM INFORMATION

PLAYER STATUS: NEW RETURNING-TEAM NAME: _____

SHIRT SIZE:	YOUTH S	YOUTH M	YOUTH L	ADULT S	ADULT M	ADULT L	ADULT XL
PANTS SIZE:	YOUTH S	YOUTH M	YOUTH L	ADULT S	ADULT M	ADULT L	ADULT XL

EMERGENCY CONTACTS

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ CELL PHONE _____

PARENTS PLEASE READ

- All applicants will be participating in a contact sport under adult supervision. Each participant will be **Required to Participate in Fundraising Activities**. The sports fee is \$50.00 for Members, \$65.00 for Non-Members, Sibling Discount: \$10.00.
- PARENTS ARE REQUIRED TO VOLUNTEER AT LEAST 2 HOURS THROUGHOUT THE SEASON.**
Select 2 Volunteer Duties you are willing to perform on reverse side.

MEDICAL INFORMATION

INSURANCE CARRIER _____ POLICY #: _____

Please list any medical conditions we should be aware of:

I, for myself and behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the Boys & Girls Club of Garfield and its Coaches Association, its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise.

I have read this release and liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

I hereby consent to use, by you or anyone authorized by you, my child's photograph or any reproductions of them, for editorial illustration, advertising or nonprofit promotional purposes. I also consent to the use of my name in connection therewith.

Return checks will be subject to a \$30.00 service charge.

 PARENT/GUARDIAN SIGNATURE: DATE:

 PRINT NAME/RELATIONSHIP TO PLAYER

*All fees must be paid at time of registration. Sports fee is non-refundable after 12/01/17.

FOR OFFICE USE ONLY

Date Received: _____

MF Exp.: _____
 (Must Be Active Through 03/31/18)

Mem SF (\$50): _____
 CASH
 CK #
 CREDIT

Non-Mem SF (\$65): _____
 CASH
 CK #
 CREDIT

SIBLING Birth Cert.

Receipt #: _____

Staff Name: _____

PARENT/VOLUNTEER SIGN-UP

Without Parent Volunteers Our Sport Program Would Not Be Successful!

Player Name _____

Parent/Guardian Name _____

Parent/Guardian E-Mail Address _____

Parent/Guardian Cell Phone Number* _____

**Text messages will be sent to this number*

Please Choose The Position(s) or Committee You Are interested In

_____ **COACH**

_____ **KITCHEN HELP**

_____ **50/50 SALES**

_____ **FUNDRAISING**