



BOYS & GIRLS CLUB  
OF GARFIELD

**COACHES ASSOCIATION**



BOYS & GIRLS CLUB  
OF GARFIELD

# **MINOR LEAGUE BASEBALL SIGN-UPS For Ages 6, 7, & 8**

**THE BOYS & GIRLS CLUB OF GARFIELD COACHES ASSOCIATION**  
will hold registration for its 2018 Minor League Baseball Program

***NOW THROUGH MARCH 19, 2018***

## **REGISTRATION FEES**

**\$60.00** for Members • **\$75.00** for Non-Members

**Late Registration Fees, After March 19, 2018**

**\$75.00** for Members • **\$90.00** for Non-Members

Sibling Discount: \$10.00. All fees must be paid at time of registration.



## **REGISTRATION DATES & TIMES:**

**February: 27 • 6:30pm - 8pm**

**March: 1, 6, 8, 13, 15 & 19 • 6:30pm - 8pm**

at the Club located at 490 Midland Avenue



*The Program is open to all boys and girls, ages 6 thru 8 years of age.*

*You must turn **6 years old** before **April 31, 2018**, and can not turn **9 years old** before **August 30, 2018**.*

**All Applicants *MUST* be accompanied by a parent or guardian to sign-up and  
MUST BRING A COPY OF THEIR BIRTH CERTIFICATE.**

***All new participants will be required to participate in a Baseball Clinic,  
on Tuesday, March 19th, 6:30pm***

Boys & Girls Club of Garfield members must show proof of membership for the entire season at time of registration.

Any questions, email: [coaches@bgcgarfield.org](mailto:coaches@bgcgarfield.org)

***VOLLEYBALL Registration Information on Opposite Side***



**BOYS & GIRLS CLUB  
OF GARFIELD**

**Boys & Girls Club of Garfield Coaches Association  
Sports Program Application**

**BASEBALL 2018**



**BOYS & GIRLS CLUB  
OF GARFIELD  
COACHES ASSOCIATION**

**MEMBER INFORMATION**

*(PLEASE PRINT CLEARLY AND FILL OUT ALL INFORMATION)*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

AGE ON APRIL 30, 2018 \_\_\_\_\_ AGE ON AUGUST 31, 2018 \_\_\_\_\_

**BASEBALL TEAM/UNIFORM INFORMATION**

**PLAYER STATUS:** **NEW** **RETURNING-TEAM NAME:** \_\_\_\_\_

<b>SHIRT SIZE:</b>	YOUTH S	YOUTH M	YOUTH L	ADULT S	ADULT M	ADULT L	ADULT XL
<b>PANTS SIZE:</b>	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 light-contact sport under adult supervision. Each participant will be **Required to Participate in Fundraising Activities**. \*\$60.00 for Members, \$75.00 for Non-Members, Sibling Discount: \$10.00. After 04/19/18, \$75.00 for Members, \$90.00 for Non-Members
- PARENTS ARE REQUIRED TO VOLUNTEER AT LEAST 2 HOURS THROUGHOUT THE SEASON.**  
**Select 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. ("Releases"), 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 4/19/18.

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	
MF Exp.: _____	(Must Be Active Through 06/30/18)
Mem. SF Pd: \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CK # <input type="checkbox"/> CREDIT
Non-Mem SF Pd: \$ _____	<input type="checkbox"/> CASH <input type="checkbox"/> CK # <input type="checkbox"/> CREDIT
<input type="checkbox"/> SIBLING	<input type="checkbox"/> 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(s) You Are interested In**

\_\_\_\_\_ COACH

\_\_\_\_\_ KITCHEN HELP

\_\_\_\_\_ 50/50 SALES