



GREAT FUTURES START HERE.



BOYS & GIRLS CLUB
OF GARFIELD

VOLLEYBALL

Sign-Ups

THE BOYS & GIRLS CLUB OF GARFIELD COACHES ASSOCIATION
will hold registration for its 2018 Volleyball Program

NOW THROUGH MARCH 20, 2018

REGISTRATION FEES

\$40.00 for Members • **\$55.00** for Non-Members

Late Registration Fees, After March 20, 2018

\$55.00 for Members • **\$70.00** for Non-Members

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

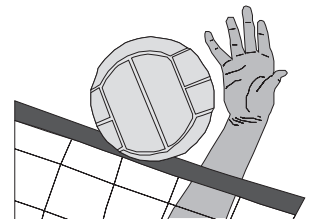


REGISTRATION DATES & TIMES:

February: 27 • 6:30pm - 8pm

March: 1, 6, 8, 13, 15 & 20 • 6:30pm - 8pm

at the Club located at 490 Midland Avenue



*The Program is open to all boys and girls, ages 6 thru 14 years of age. (No 9th Graders)
You can not turn 15 years old before April 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 Volleyball Clinic,

Juniors (ages 6-8): Tuesday, March 20, 2018 • 6:30pm

Intermediates (ages 9-11): Wednesday, March 21, 2018 • 6:30pm

Seniors (ages 12-14 No 9th Graders): Thursday, March 22, 2018 • 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

BASEBALL Registration Information on Opposite Side



Boys & Girls Club of Garfield Coaches Association Sports Program Application



BOYS & GIRLS CLUB
OF GARFIELD

VOLLEYBALL 2018

MEMBER INFORMATION

(Please print clearly and fill out ALL information)

NAME _____ AGE ON _____ DATE OF BIRTH _____
 APRIL 30, 2018

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

PARENT EMAIL _____

VOLLEYBALL 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

Knee Pad Size: SMALL MEDIUM LARGE EXTRA LARGE

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**. *\$40.00 for Members, \$55.00 for Non-Members, Sibling Discount: \$10.00. After 04/20/18, \$55.00 for Members, \$70.00 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 4/20/18.

FOR OFFICE USE ONLY

Date Received: _____

MF Exp.: _____
(Must Be Active Through 06/30/18)

Mem. SF Pd: \$ _____
 CASH
 CK #
 CREDIT

Non-Mem SF Pd: \$ _____
 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(s) You Are interested In

_____ COACH

_____ KITCHEN HELP

_____ 50/50 SALES