



BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

Sports Registration Form

GREAT FUTURES START HERE.



BOYS & GIRLS CLUBS
OF GREATER CONEJO VALLEY

Basketball: _____ **Soccer:** _____ **Track Meet:** _____ **Other:** _____

Participant's Name: _____ Gender: M F (Please Circle) D.O.B: _____ Age: _____

Participant's Additional Info: Height: _____ (inches) Weight: _____ (lbs) School: _____ Grade: _____

Special Health Needs/Special Requests: _____

Parent's First Name: _____ Last: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone #: _____

Email Address: _____ Special Health Needs/Special Requests: _____

Emergency Contact: _____ Phone #: _____

Agreement (Youth Program Only)

- I hereby certify that my child is in normal health and capable of safe participation in the youth sports program.
- I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the BGC/GCV to obtain medical treatment for my child in the event that parent (s) and the emergency contact in case I cannot be reached.
- I support BGC/GCV Youth Sports philosophy, which is based on participation, fun, team work, fair play, physical fitness and skill development. Family involvement and volunteer support is a vital part of our program. I would like to volunteer as a: **(Check one or more) Coach** _____ **Assistant Coach** _____ **Official** _____ **Other (specify)** _____
- I will have a parent or guardian present at all times for practices and games and will not have coaches transport my child.
- If I decide to coach for BGC/GCV sports program, I will abide by the job description, rules and regulations of the organization.

Parent's Name: _____ **Parent's Signature:** _____ **Date:** _____

Parent Permission Form (Youth Program Only)

The undersigned as parent or legal guardian of _____ hereby authorizes the BGC/GCV and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provisions of section 25:8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the BGC/GCV will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the BGC/GCV and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment.

The authorization and consent to treatment of a minor is given to the BGC/GCV in conjunction with any authorized event.

*****Parents Must sign the waiver on the back of this form*****

Parent's Name: _____ **Parent's Signature:** _____ **Date:** _____

Financial Assistance is available on a case-by-case basis. A confidential 'Request for Financial Assistance' is required to be completed. Requirements include: Total income of household members, previous year's tax returns, and most recent form of income.

CONFIDENTIAL INFORMATION

ETHNICITY

- African American
 Asian
 Caucasian
 Hispanic
 Native American
 Other _____

ANNUAL HOUSEHOLD INCOME:

- \$10,000 or below \$40,001 - \$50,000
 \$10,001 - \$20,000 \$50,001 - \$60,000
 \$20,001 - \$30,000 \$60,001 +
 \$30,001 - \$40,000 Decline Information

HEAD OF HOUSEHOLD:

Name: _____

PUBLIC ASSISTANCE:

- Yes No

(Please note, this information is strictly for statistical and fundraising purposes only.)

OFFICE USE ONLY

Credit Card Information (Required for Fax or Mail only)

Credit Card #: _____
 Name on Card: _____
 Expiration Date: _____ Sec Code: _____

Payment Type:: Check _____ Cash _____ CC _____

TOTAL Paid: _____
 Staff Initials: _____
 Registration Date: _____
 Receipt #: _____