

JAMES M. FAIRWEATHER
President, Board of Directors



WENDY ALLEGRONE LESLIE
Executive Director

BOYS & GIRLS CLUB
of Assabet Valley
"The Positive Place for Kids"

REGISTRATION FORM

Participant's First Name: _____ Last Name: _____

DOB: ____/____/____

Grade: _____

Gender: Male/Female

Parent/Guardian's Name: _____

Address: _____ Town: _____ Zip: _____

Home #: (____) _____ - _____ Work #: (____) _____ - _____ Cell# (____) _____ - _____

E-Mail Address: _____

Allergies/other medical concerns: _____

Is your child a member of The Boys & Girls Club? YES NO
(Membership is \$40/per year, per child. Yearly Membership is from July 1 – July 1.)

PROGRAM INFORMATION

***Please list all the programs you are registering for:**

Program Name: _____ Cost: \$ _____

Program Name: _____ Cost: \$ _____

Program Name: _____ Cost: \$ _____

Program Name: _____ Cost: \$ _____

Any parent interested in coaching or assistant coaching please check: Coach: _____ Assistant Coach: _____

Coaches Email: _____

Special Requests: _____

Consent to Release Form:

I allow my child to join The Boys & Girls Club of Assabet Valley and participate in the activities allowed by our family physician. I understand that failure to comply with the rules and regulations of the club may result in the cancellation of my child's membership with no refund of dues. I understand that I will assume full responsibility for any accidents incurred, thereby releasing The Boys & Girls Club of Assabet Valley, its staff, volunteers, and directors of all liabilities.

Furthermore, I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Boys & Girls Club of Assabet Valley to transport my child to a hospital or medical facility nearby, and to secure for my child the necessary medical treatment.

I allow my child to participate in activities in the club, along with outdoor activities at Alumni Field and in-town field trips.

I also understand the nature of The Boys & Girls Club's "Open Door Policy" which allows members to enter and exit under their own will. I will instruct my child as to his/her proper entrance and exit procedures.

I understand that my child may be used in photos, videos, literature, and news releases in club publications and local media.

Participant's Signature _____ Date: _____

(If participant is under 18, parent/guardian signature required)

Method's of Payment: Cash, Check, Credit Card: MasterCard, Visa, Amex
Please make checks payable to The Boys & Girls Club of Assabet Valley
Any Questions please call the Boys & Girls Club @ (978) 461-2871

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PHONE/FAX (978) 461-2871
WWW.BGCAV.ORG