

JAMES M. FAIRWEATHER
President, Board of Directors



WENDY ALLEGRONE LESLIE
Executive Director

BOYS & GIRLS CLUB
of Assabet Valley
"Great Futures Start Here"

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. Participants do not need to be members of the BGCAV.)

PROGRAM INFORMATION

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

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 or program 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.

We the parents/guardians of _____ permit our child to participate in the above Maynard Recreation Program. For and in consideration of the Recreation Commission of the Town of Maynard sponsoring the above activity we agree to and do hereby release and forever discharge the Town of Maynard, The Recreation Commission thereof and its employees/volunteers from and against any and all liability, demands and claims for loss and damage resulting from and in any manner arising out of injury or damage which may be sustained by this child on account of his/her participation in the Recreation Program. Parent/Guardian

Parent/Guardian's Signature _____ Date: _____

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

212 GREAT ROAD, MAYNARD MA 01754
PHONE/FAX (978) 461-2871
WWW.BGCAV.ORG