3333 Walnut Avenue Post Office Box 1082 Coos Bay, OR 97420 (541) 267-6573

Sport

Staff Initial:



REGISTRATION FORM Membership No.

Revised MARCH 2013

www.great-futures.org

CHECK T-SHIRT SIZE □ VOLLEYBALL YOUTH: SM SMED DLG BASKETBALL **ADULT**: □SM □MED □LG □X-LG Fee reductions will not be offered after the first □ TRACK & FIELD week of registration. PAYMENT IN FULL is re-*********** quired at time of registration. All previous balances MUST be paid in full. All sport participants must have a current, non-refundable membership. ★ Players will **NOT** be allowed to **PRACTICE** until registered and all fees are paid in full. Teams are filled on a first come first serve basis. Scholarships and Fee Reductions There will be no team switches after teams have been fo Most teams will be assigned geographically by schools. There will be no team switches after teams have been formed. are sponsored by BASA Would you like to volunteer with this program? Program refunds are subject to a \$5.00 service charge. YES _____ NO ____ ^********************* PARTICIPANT REGISTRATION PLEASE PRINT Child Name: Phone: _____ Emergency Phone: ____ Home Address: ___ Date of Birth: _____/ ___ Male ____ Female School Presently Enrolled: _____ Grade: ____ Age: If enrolled in Middle School/Jr.-Hi, Last Elementary School Attended: Has child participated in Boys & Girls Club Program during the year? Yes _____ No **MEDICAL** Does child have any Medical Problems? Yes _____ No _____ If yes, Please Explain: _____ Child's Physician **PARENT INFORMATION** Father's Name: Mother's Name: _____ Phone ____ **REFUND POLICY** A \$5.00 fee will be deducted for refunds. No refunds will be honored if a player has participated in a game. 100% Refund will be given whenever a team cannot be formed due to lack of players or a player cannot be placed on a team. If a player drops from the program because of medical reasons prior to the first scheduled game - a full refund will be given only with the written authorization from the attending physician. 90% Refund: If a refund application is filed with the Boys & Girls Club office prior to the registration deadline or the first scheduled practice. PERMISSION TO PLAY As the parent or legal quardian of the child named above who is registered to participate in Boys & Girls Club activities for the current season, I hereby acknowledge to the Boys & Girls Club that I am not aware of any medical or other reason why my child should not be allowed to participate in Boys & Girls Club activities. In the event of accidental injury incurred while participating in Boys & Girls Club activities, I authorize Boys & Girls Club representatives to secure medical care for my child in the event I cannot be reached. Acting on my own behalf and on the behalf of my child as his/her parent or as his/her guardian, I hereby release Boys & Girls Club and its agents, staff, representatives, directors, coaches and anyone else acting on behalf of Boys & Girls Club activities, from any and all liability for any injury or condition resulting from his/her participation in Boys & Girls Club activities. I agree to reimburse the Boys & Girls Club at replacement cost for any uniform and/or protective equipment issued the child if said items are not returned within 30 days following the last date of the activities registered for herein and/or are damaged due to neglect. If Boys & Girls Club is required to seek collection and/or reimbursement of uniform and/or equipment by legal action, I further agree to pay all court costs and legal fees. Signature of Parent or Legal Guardian _____ OFFICE USE ONLY _____ Paid \$_____ Cash ____ Check Receipt # _____ Membership # _____

GREAT FUTURES START HERE.