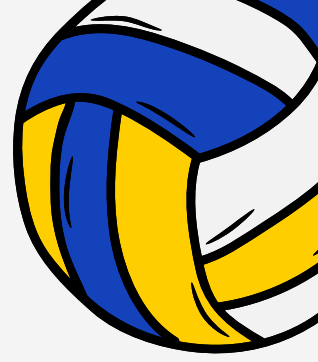


CURRENT ANNUAL
MEMBERSHIP REQUIRED



BOYS & GIRLS CLUB
OF SOUTHWESTERN
OREGON



LOCATION: 3333 WALNUT AVE.
COOS BAY, OR 97420
541-267-3635

VOLLEYBALL CAMP

PARTICIPANT NAME: _____ DOB: _____
ADDRESS: _____ GENDER: _____ AGE: _____
SCHOOL: _____ GRADE: _____
PARENT/GUARDIAN NAME: _____ PHONE: _____
EMERGENCY CONTACT: _____ PHONE: _____

Drop off will be at 3:20 PM at the upstairs gym entrance.
Be sure to have gym appropriate shoes & a water bottle.

3RD - 9TH GRADE \$25 PER DAY OR \$150 FOR THE SUMMER
THURSDAYS 3:30-5:00PM

SESSIONS

- ENTIRE SUMMER
- JULY 13TH 2023
- JULY 20TH 2023
- JULY 27TH 2023
- AUGUST 3RD 2023
- AUGUST 10TH 2023
- AUGUST 17TH 2023
- AUGUST 24TH 2023

FOR INFO CONTACT 541-267-3635 OR EMAIL REYNAH@GREAT-FUTURES.ORG



GREAT FUTURES START HERE.

DOES CHILD HAVE ANY MEDICAL PROBLEMS? YES NO

IF YES, PLEASE EXPLAIN: _____

REFUND POLICY: NO REFUNDS WILL BE HONORED AFTER THE 2ND PRACTICE/SESSION OF THE SEASON. 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 NOTICE FROM THE ATTENDING PHYSICIAN.

AS THE PARENT OR LEGAL GUARDIAN 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 NEGLIGENCE. 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.

PARENT SIGNATURE: _____

DATE: _____

OFFICE USE ONLY **DATE:** _____ **PAID \$** _____

CA/CH/CC # _____ **RECEIPT #** _____

CURRENT MEMBERSHIP: _____ **Y / N** _____ **STAFF INITIAL:** _____