

# 2013 FALL SOCCER



BOYS & GIRLS CLUBS  
OF SNOHOMISH COUNTY  
A NON-PROFIT ORGANIZATION

Alderwood Boys & Girls Club  
19719 24th Ave. W. #10  
Lynnwood, WA 98036  
425-774-3022  
www.bgsc.org



<b>Registration:</b>	Monday June 3rd-Friday September 13th	
<b>Cost:</b>	4 & 5 year old clinic	\$75
	Kindergarten/1st	\$100
	2nd-6th	\$115
<b>Practices:</b>	Practices could start as early as September 16th. All practices will be held within the Edmonds School District. K-1st will receive 1 hour of practice per week, 2nd-6th will receive 2 hours per week. <u>Coaches</u> will contact players with practice information.	
<b>Games:</b>	K-6th will receive an 8 game season with games on Saturdays beginning September 28th. Our kick off jamboree will take place on September 21st.	
<b>Sponsorship:</b>	Our goal is to attain a sponsorship for all of our sports teams. Sponsorships Range from the \$250-\$1,000 levels. <u>Teams with paid sponsorship may sign up for practice on a first come, first serve basis and may begin practice the week of September 9th.</u>	
<b>***Coaching:</b>	We are always in need of coaches! If you are interested, please mark the coaches box below or contact Paul Keen at 425-774-3022.	

## 2013 Fall Soccer Registration Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Parent name(s): \_\_\_\_\_ Primary phone: \_\_\_\_\_

Grade Level 13'-14': \_\_\_\_\_ Secondary phone: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

E-mail: \_\_\_\_\_ Coaches name: \_\_\_\_\_

Shirt size: YM YL YXL AM AL AXL AXXL

My child would like to play with the following friend (not guaranteed): \_\_\_\_\_

I would like to help my child's team by:  Coaching  Finding a Sponsor

\*\*\*For official use only: Payment amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_

"The Edmonds School District does not sponsor or endorse the activity and/or information contained in this material"

# B&GC MEMBER REGISTRATION FORM

Member Last Name, First Name \_\_\_\_\_

<p style="text-align: center;"><u>PRIMARY PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE          Address: _____          City: _____ State: _____ Zip: _____          Phone: _____ Work Phone: _____          Cell: _____ E-mail: _____          Employer: _____          Title: _____</p> <p style="text-align: center;"><u>OTHER PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE          Address: _____          City: _____ State: _____ Zip: _____          Phone: _____ Work Phone: _____          Cell: _____ E-mail: _____          Employer: _____          Title: _____</p>	<p>Household Size: _____</p> <p>Family Income:  <input type="checkbox"/> \$0 - \$14,999  <input type="checkbox"/> \$15,000-\$29,999  <input type="checkbox"/> \$30,000-\$44,999  <input type="checkbox"/> \$45,000 +</p> <p>Check all that apply:  <input type="checkbox"/> TANF  <input type="checkbox"/> Food Stamps  <input type="checkbox"/> General Assist.  <input type="checkbox"/> SSDI  <input type="checkbox"/> SSI  <input type="checkbox"/> Veterans Comp.  <input type="checkbox"/> Daycare Voucher  <input type="checkbox"/> School Lunch  <input type="checkbox"/> Medicaid  <input type="checkbox"/> Navy  <input type="checkbox"/> EHA</p>	<p>CHECK AREAS OF INTEREST:</p> <p><input type="checkbox"/> childcare  <input type="checkbox"/> daycamps  <input type="checkbox"/> super school  <input type="checkbox"/> baseball  <input type="checkbox"/> basketball  <input type="checkbox"/> flag football  <input type="checkbox"/> soccer  <input type="checkbox"/> volleyball  <input type="checkbox"/> transportation  <input type="checkbox"/> 3 on 3 toumey  <input type="checkbox"/> wrestling  <input type="checkbox"/> special events</p> <p>I would like to volunteer for the following:</p> <p><input type="checkbox"/> club programs  <input type="checkbox"/> coaching  <input type="checkbox"/> annual auction  <input type="checkbox"/> officiating  <input type="checkbox"/> team sponsor  <input type="checkbox"/> parent board  <input type="checkbox"/> team parent  <input type="checkbox"/> golf tournament  <input type="checkbox"/> other</p>	<p><u>MEDICAL INFORMATION</u></p> <p>Insurance Company: _____          Physician: _____          Physician Phone: _____          Medications: _____          Medical Problems / Allergies: _____</p> <p style="text-align: center;"><u>EMERGENCY CONTACTS</u></p> <p>First &amp; Last Name: _____          Relation to Child: _____          Phone #: _____</p> <p>First &amp; Last Name: _____          Relation to Child: _____          Phone #: _____</p>
<p style="text-align: center;"><u>MEMBER INFORMATION</u></p> <p>Name: _____ Male / Female          Birthdate: ____/____/____ Age: _____          African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Eastern European <input type="checkbox"/>          Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>          School: _____ Grade: _____          School District: _____</p> <p>Household Type: Both Parents <input type="checkbox"/> Single Parent Mother <input type="checkbox"/>          Single Parent Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>I would like to volunteer for the following:</p> <p><input type="checkbox"/> club programs  <input type="checkbox"/> coaching  <input type="checkbox"/> annual auction  <input type="checkbox"/> officiating  <input type="checkbox"/> team sponsor  <input type="checkbox"/> parent board  <input type="checkbox"/> team parent  <input type="checkbox"/> golf tournament  <input type="checkbox"/> other</p>	

**Release Form:** I declare that I am the parent or legal guardian of the minor listed above. I have full custody and control of the child. To the best of my knowledge, my child is in good health and is adequately immunized to participate in Boys & Girls Clubs activities. In the event that my child is injured or should require medical attention, I hereby request you to contact our family physician. In the event that the Doctor cannot be reached, I hereby authorize his/her athletic supervisor, coach or any other Boys & Girls Club employee or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone. In case I cannot be reached for an emergency, medical treatment as described above may proceed without further authorization. I understand that the Boys & Girls Clubs provide only a secondary Health Insurance coverage. I understand the "open door" policy which allows children to come and go as they desire. I understand also that the Club accepts no responsibility for keeping my child in the building or on the premises except when enrolled in a licensed childcare program. I hereby give permission for a photo or likeness of my child to be used in brochures and other promotional materials produced by the Boys & Girls Clubs of Snohomish County. The photo will not be sold without the express written consent of the parent or legal guardian. I agree that this waiver is valid as long as my child is a member of the Boys & Girls Clubs of Snohomish County.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_