

"Great Futures
Start Here"

2016 SPRING
VOLLEYBALL



BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
ALDERWOOD UNIT

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

Registration: Monday February 1st -Friday March 18th

Membership: Be sure to fill out a current membership when turning in this form.

Cost:

1st-2nd (clinic)	\$75
3rd-4th	\$115
5th-12th	\$125

Format: Teams are formed by grade and **if possible**, location. Teams are co-ed and are separated as follows: 3rd/4th, 5th/6th, 7th/8th & 9th-12th. Practices could begin as early as March 28th once volunteer coaches are found. Practices will be once or twice a week depending on grade level. **Coaches** will call or e-mail once rosters are formed.

Games: 8 game season with most matches on Saturdays. However, there will be weeknight matches the week of June 6th.

Sponsorships: Our goal is to have a sponsor for all of our sports teams. All sponsorship money goes directly into our general scholarship fund. Sponsorships range from \$250-\$2,000.



*****Teams with paid sponsorships may sign up for practices on a first come, first serve basis AND start practice a week early.**
*****Sponsored teams will also receive half off entry fee for the end of season tournament.**

2016 Spring Volleyball Registration Form

Last Name: _____ First Name: _____

Parent Name(s): _____ Primary Phone #: _____

Grade Level: _____ School: _____ Secondary Phone#: _____

Ethnicity: _____ Age: _____ Date of Birth: _____ Male Female

E-mail: _____ Coaches Name: _____

Please circle shirt size: Youth: M L XL
Adult: S M L XL XXL

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

I would like to help my child's team by: 1. Coaching 2. Sponsoring

***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"

Child's Information

Name: _____ Gender: Male/Female

School: _____ Grade: ____ Birthdate: _____

Eligible for Free or Reduced School Lunch: Yes/No

Ethnicity/Race:

- African American American Native Asian Caucasian
 Pacific Islander Multi-Racial Other Also Hispanic/Latino: Yes No

Primary Parent/Guardian Information

Name: _____ Gender: Male/Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Place of Employment: _____

Is this parent a veteran or active member of the U.S. Military? Yes/No

Branch _____ Dates of Service: _____ to _____

Other Parent/Guardian Information

Name: _____ Gender: Male/Female

Phone: _____ Cell: _____

E-Mail: _____

Place of Employment: _____

Is this parent a veteran or active member of the U.S. Military? Yes/No

Branch _____ Dates of Service: _____ to _____

Any information requested is for our records and for the funding we receive. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. **ALL FIELDS ARE REQUIRED.**
 Please make sure to fill out this form in its entirety.



Household Information

Household Size _____

Household Type

- Both Parents
 Single Parent (Mother)
 Single Parent (Father)
 Grandparents
 Guardian/Other

Family Annual Income

- \$0 to \$14,999
 \$15,000 to \$29,999
 \$30,000 to \$44,999
 \$45,000 to \$54,999
 \$55,000 to \$64,999
 \$65,000 to \$74,999
 \$75,000 to \$84,999
 \$85,000 and above

Medical Information

Physician: _____

Physician Phone: _____

Medications: _____

Allergies/Medical Concerns: _____

Emergency Contacts

First & Last Name _____

Relation to Child _____

Phone # _____ Home Mobile

First & Last Name _____

Relation to Child _____

Phone # _____ Home Mobile

Terms & Conditions

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 the 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 Clubs 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 number. In case I cannot be reached for an emergency medical treatment as described above, you 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 for 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/Guardian Signature _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Fee: _____ Paid _____ On: _____ Input into KidTrax: _____

Membership Type: Full 100% Scholarship 75% Scholarship 50% Scholarship 25% Scholarship