

"Great Futures  
Start Here"

2014 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 3rd-Friday March 21st

**Cost:** 3rd-4th \$110  
5th-12th \$120

**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 31st once volunteer coaches are found. Practices will be once or twice a week depending on grade level. Coaches will call once rosters are formed.

**Games:** 8 game season with most matches on Saturdays. However, depending on the size of our league, some matches may be played Sundays.

**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-\$1,000.



\*\*\*Teams with paid sponsorships may sign up for practices on a first come, first serve basis.

\*\*\*Sponsored teams will also receive half off entry fee for the end of the season

2014 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"

# 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 tourney  <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 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>	

**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: \_\_\_\_\_