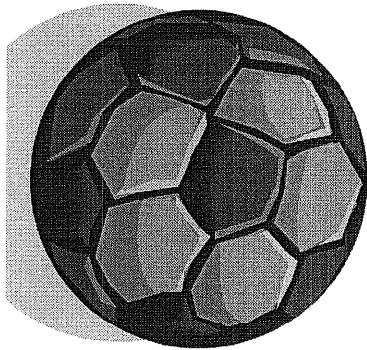




# 2012 FALL SOCCER



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



- Registration:** Monday June 4th through Friday September 14th
- Cost:**
- |                        |                                            |
|------------------------|--------------------------------------------|
| 4 & 5 year old clinic  | \$75 (includes a \$30 non-refundable fee)  |
| Kindergarten/1st grade | \$100 (includes a \$30 non-refundable fee) |
| 2nd-6th                | \$115 (includes a \$30 non-refundable fee) |
- Format:** Practices could start as early as September 17th once coaches are found. Practices will take place in the Edmonds School District once or twice a week depending on grade level. Coaches will contact players for practice.
- Games:** 8 game season with games on both Saturdays and Sundays beginning September 29th. Kick off jamboree Saturday September 22nd.
- Sponsorships:** Our goal is to have a sponsor for all of our sports teams. All of our sponsorship money goes directly into our general scholarship fund. Our base sponsorship is \$250. Teams with paid sponsorships may sign up for practices on a first come, first serve basis and may begin practice the week of September 10th.

**“Great Futures Start Here”**

## 2012 Fall Soccer Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Grade Level 12'-13': \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

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

My child would like to play with the following friend: \_\_\_\_\_

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”**

# FORM

# B&GC MEMBER REGISTRATION

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

<p style="text-align: center;"><u>PRIMARY PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Work Phone: _____</p> <p>Cell: _____ E-mail: _____</p> <p>Employer: _____</p> <p>Title: _____</p> <p style="text-align: center;"><u>OTHER PARENT/GUARDIAN</u></p> <p>Name: _____ MALE / FEMALE</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Work Phone: _____</p> <p>Cell: _____ E-mail: _____</p> <p>Employer: _____</p> <p>Title: _____</p>	<p>Household Size: _____</p> <p>Family Income:</p> <p><input type="checkbox"/> \$0 - \$14,999</p> <p><input type="checkbox"/> \$15,000-\$29,999</p> <p><input type="checkbox"/> \$30,000-\$44,999</p> <p><input type="checkbox"/> \$45,000 +</p>	<p>Check all that apply:</p> <p><input type="checkbox"/> TANF</p> <p><input type="checkbox"/> Food Stamps</p> <p><input type="checkbox"/> General Assist.</p> <p><input type="checkbox"/> SSDI</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Veterans Comp.</p> <p><input type="checkbox"/> Daycare Voucher</p> <p><input type="checkbox"/> School Lunch</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Navy</p> <p><input type="checkbox"/> EHA</p>
<p>Name: _____ Male / Female</p> <p>Age: _____</p> <p>Birth date: ____/____/____</p> <p>African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Eastern European <input type="checkbox"/></p> <p>Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/></p> <p>School: _____ Grade: _____</p> <p>School District: _____</p>	<p style="text-align: center;"><u>MEMBER INFORMATION</u></p> <p>Household Type: Both Parents <input type="checkbox"/> Single Parent Mother <input type="checkbox"/></p> <p>Single Parent Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Other <input type="checkbox"/></p>	<p style="text-align: center;"><u>MEDICAL INFORMATION</u></p> <p>Insurance Company: _____</p> <p>Physician: _____</p> <p>Physician Phone: _____</p> <p>Medications: _____</p> <p>Medical Problems / Allergies: _____</p> <p style="text-align: center;"><u>EMERGENCY CONTACTS</u></p> <p>First &amp; Last Name: _____</p> <p>Relation to Child: _____</p> <p>Phone #: _____</p> <p>First &amp; Last Name: _____</p> <p>Relation to Child: _____</p> <p>Phone #: _____</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: \_\_\_\_\_