



**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY  
EDMONDS UNIT

310 6th Avenue North  
Edmonds, WA 98020  
p/425.774.0630 f/425.774.9577

**\$165/WEEK**

# TRIPLE PLAY SPORTS CAMP 2012

\$25 non-refundable deposit

## REGISTRATION FORM

ATHLETE'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE (\*12-13) \_\_\_\_\_

PARENT(S)/GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_ \*ALLERGIES? \_\_\_\_\_

EPIPEN NEEDED? YES NO      \*DIETARY NEEDS \_\_\_\_\_

I GIVE PERMISSION TO THE EDMONDS BOYS & GIRLS CLUB TO USE THE FOLLOWING TOPICAL SOLUTIONS WHEN ADMINISTERING FIRST AID CARE TO MY CHILD: (PLEASE INITIAL):

\_\_\_\_\_ SUNSCREEN      \_\_\_\_\_ BAKING SODA (FOR BEE STINGS)

GRADE: 3RD-6TH GRADERS

OFFICE USE ONLY

WEEK 1	RECREATION	JUNE 26-JUNE 29	_____
WEEK 2	VOLLEYBALL	JULY 2-JULY 6	_____
WEEK 3	*BASKETBALL	JULY 9-JULY 13	_____
WEEK 4	ROOKIE RUGBY	JULY 16-JULY 20	_____
WEEK 5	*LACROSSE	JULY 23-JULY 27	_____
WEEK 6	BASEBALL	JULY 30-AUGUST 3	_____
WEEK 7	TRACK & FIELD	AUGUST 6-AUGUST 10	_____
WEEK 8	*FLAG FOOTBALL	AUGUST 13-AUGUST 17	_____
WEEK 9	SOCCER	AUGUST 20-AUGUST 24	_____
WEEK 10	SWIMMING	AUGUST 27-AUGUST 31	_____

\*Includes County Sports Camp

### CLUB HOURS:

**OUR GENERAL SUMMER CAMP ACTIVITIES, SUCH AS FIELD TRIPS, WILL RUN BETWEEN THE HOURS OF 9:00 AM AND 4:00 PM. WE HAVE EXTENDED HOURS OPENING AT 6:30 AM AND CLOSING AT 6:30 PM. IT IS IMPORTANT TO HAVE YOUR CHILD AT THE CLUB BY 9:00 AM IF YOU WOULD LIKE THEM TO PARTICIPATE IN THAT DAY'S FIELD TRIP AND ACTIVITIES.**

We the parent (s) guardians of the above named child, hereby give my/our approval to his/her participation in the above activity. I/we assume all risks and hazards incidental to such participation. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Boys & Girls Club of Snohomish County and any other organization that the Boys & Girls Club is affiliated with; the organizers, sponsors, qualified physicians, EMT (Emergency Medical Technician), participants, and persons transporting my/ our child.

In executing the forgoing release, I/we understand that injury may rise out of participation on the field trip. And that the injury must be reported to the Boys & Girls Club as soon as I/we have acknowledge of the injury, this must be reported in a time period no longer that 24 hours after the injury occurred.

I/we acknowledge and represent that my/our child is in sound, physical condition to be able to participate in the Boys & Girls Club activities. In the event to my/our child, I/we Herby grant the authority to any qualified person, physician, or EMT (Emergency Medical Technician) to render such an emergency medical treatment as deemed necessary under the circumstances. I/we also grant permission to any responsible person to seek medical help assistance in the event of any injury.

Parental Signature \_\_\_\_\_ date: \_\_\_\_\_

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

