



HEALTH COMMISSION  
SERVING SOUTH SNOHOMISH COUNTY



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

Healthy Habits

# Track & Field



## Participating schools and practice times

Main Club: Mon & Wed 4:30—5:30  
 Sherwood Elementary: Tues & Thurs 3:50—4:50  
 Westgate Elementary: Tues & Thurs 3:15—4:15  
 Edmonds Elementary: Mon & Wed 3:30—4:30  
 Lynndale Elementary: Mon & Wed 4:30—5:30  
 Cedar Valley Comm. School: Mon & Wed 3:15—4:15

## Health & Fitness Expo(9am—12pm)

May 14th, join us at Edmonds-Woodway High School for a morning of healthy activities. There will be a 1-mile run(10am) and other events. Wear your Track & Field shirt (or other EBGC Healthy Habits gear) to get a prize at the EBGC booth! We will have a couple track & field events to try as well!

## 2016 Registration Form

## Dates

Registration begins February 22nd  
 Practice begins the week of March 28th  
 Meets: 4/30, 5/7 & 5/21 @ EBGC(9am start)

## Cost

Free!! You must fill out the registration and a Edmonds Boys & Girls Club membership form.

## Registration

Fill out the registration and membership form. You can give it to the Healthy Habits Coach at your school/site. You can also mail it to the Club at PO Box 172 Edmonds, WA 98020 or drop it by the Club at 310 6th Ave N Edmonds, WA.

## Questions?

Contact the Healthy Habits Director, Kelli Calvin, at kcalvin@bgcsc.org or call at (425)774-0630

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

Gender: M F Date of Birth: \_\_\_\_\_ Players Grade (as of September 3rd, 2015): \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size: YS YM YL AS AM AL AXL School /Site you will be participating with: \_\_\_\_\_

Medical Insurance Coverage YES NO

\*The Edmonds School District does not sponsor or endorse the activity and/or information in this material.  
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**BOYS & GIRLS CLUBS**  
OF SNOHOMISH COUNTY

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.

**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 \_\_\_\_\_

**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