



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



# TRACK & FIELD

**REGISTRATION WILL BEGIN MARCH 2<sup>ND</sup>**

## Participating Schools & Practice Times:

**Edmonds Elementary** -Tues. & Thurs. 3:45-4:45

**Sherwood Elementary** – Tues. & Thurs. 3:50-4:50

**Westgate Elementary** – Mon. & Wed. 3:15-4:15

**Lynndale Elementary** – Mon. & Wed. 4:15-5:15

**Edmonds Boys & Girls Club** - Mon. & Wed. 4:30-5:30

**Beverly Elementary** –Mon. & Wed. 3:15-4:15

**Meets are scheduled on Saturdays 4/4/15 (with a pancake breakfast), 4/11/15, & 4/18/15.  
Meets will be between the hours of 9:00AM & 12:30PM.**

**COST:** Free if you fill out the paperwork to become a Boys & Girls Club member.....Contact [Blovelace@bgcsc.org](mailto:Blovelace@bgcsc.org) with questions.

Please complete the registration form and drop off to: Edmonds Boys and Girls Club 310 6<sup>th</sup> Ave. N. Edmonds, WA. 98020, Monday – Friday 6:30AM-6:30PM.

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

**Gender:** M F **Date of Birth:** \_\_\_\_\_ **Players Grade (as of September 3rd, 2014):** \_\_\_\_\_

**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 you will be participating with** \_\_\_\_\_

**Medical Insurance Coverage** YES NO

*For more information please contact Healthy Habits Director Brandie at: 425-774-0630 or by email at [blovelace@bgcsc.org](mailto:blovelace@bgcsc.org).*

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