



BOYS & GIRLS CLUBS
OF SNOHOMISH COUNTY
EDMONDS UNIT

310 6th Avenue North
Edmonds, WA 98020
p/425.774.0630 f/425.774.3577

TRIPLE PLAY SPORTS CAMP 2013

\$170/WEEK

\$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 24-JUNE 28	_____
WEEK 2	SOCCER	JULY 1-JULY 5	_____
	*Closed July 4th.		
WEEK 3	VOLLEYBALL	JULY 8-JULY 12	_____
WEEK 4	BASEBALL/SOFTBALL	JULY 15-JULY 19	_____
WEEK 5	BASKETBALL	JULY 22-JULY 26	_____
WEEK 6	RUGBY/LACROSSE	JULY 29-AUGUST 2	_____
WEEK 7	TRACK & FIELD	AUGUST 5-AUGUST 9	_____
WEEK 8	HIKING	AUGUST 12-AUGUST 16	_____
WEEK 9	FLAG FOOTBALL/CHEERLEADING	AUGUST 19-AUGUST 23	_____
WEEK 10	SWIMMING	AUGUST 26-AUGUST 30	_____

CLUB HOURS:

SUMMER CAMP RUNS 9:00 AM UNTIL 4:00 PM. IT IS IMPERATIVE 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 HAVE EXTENDED HOURS OPENING AT 6:30 AM AND CLOSING AT 6:30 PM, WHICH YOUR CHILD IS WELCOME TO ATTEND.

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 knowledge 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.