

# Winter Basketball 2015-2016



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

310 6<sup>th</sup> Ave. N  
Mail to: PO Box 172  
Edmonds, WA. 98020  
425-774-0630  
[www.bgsc.org](http://www.bgsc.org)

- Registration:** Monday Oct 5th—Friday, Oct 13th( K—8th grade)  
Monday, Oct 5th—Friday, Oct 20th( High School)
- Cost:** Grade K—3 \$115.00  
Grades 4 — 12 \$ 125.00  
*Fill out membership form on the backside if your child is not a 2015 member.*
- Teams:** Teams are formed by the child's grade for the 2015-2016 school year. When possible, they are formed by school.
- Practices:** Practices will start the week of December 7th. All practices will be held within the Edmonds School District. All ages will have 1 –2 hours of practice each week. Coaches will contact players with practice information.
- Games:** Games will take place on Saturdays beginning January 9th. Games will take place in Lynnwood, Mountlake Terrace, Everett, Snohomish or Arlington.
- Sponsorship:** Our goal is to attain a sponsorship for all of our sports teams. Sponsorships range from the \$250-\$1,000 levels. Teams with paid sponsorship may sign up for practice on a first come, first serve basis and may begin practice the week of November 30th. Contact Athletic Director Kelli Calvin for sponsorship questions at (425)774-0630 or kcalvin@bgsc.org
- Coaching:** We are always in need of coaches! If you are interested, please circle the coaches box below or contact Athletic Director, Kelli Calvin at 425-774-0630 or kcalvin@bgsc.org.

## 2015-2016 Basketball Registration Form

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Age : \_\_\_\_\_ Grade: \_\_\_\_\_

Parent name(s): \_\_\_\_\_ Email \_\_\_\_\_

Cell phone: \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Gender: Male Female

School: \_\_\_\_\_ Coach/friend request: \_\_\_\_\_

Shirt size: YM YL YXL AM AL AXL I would like to help my child's team by:  
Coaching Finding a Sponsor

\*\*\*For official use only: Payment amount: \_\_\_\_\_ Receipt number: \_\_\_\_\_ Initials: \_\_\_\_\_



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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