

# Get Ready For Cross Country

**Cross Country Teams starting at all Edmonds  
Boys & Girls Clubs Super School Sites:**

EDMONDS ELEMENTARY

SHERWOOD ELEMENTARY

WESTGATE ELEMENTARY

LYNNDALE ELEMENTARY

EDMONDS BOYS & GIRLS CLUB

*Learn cross country in a fun, safe,  
and supporting environment*

**Cost: If you're a Boys &  
Girls Clubs member...  
you're in!**

For more information contact:  
Brandie Lovelace, Healthy Habits Director  
310 6th Ave N.  
Edmonds, WA 98020  
425-774-0630  
blovelace@bgcsc.org



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# BOYS & GIRLS CLUBS OF SNOHOMISH COUNTY

## Edmonds Boys & Girls Club Healthy Habits Intermural Sports Registration

### Participant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Gender: M F Birth date \_\_\_\_\_ Email \_\_\_\_\_

(Please print clearly)

How did you hear about us?    Returning player    School Flyer    Newsletter  
Friend    Walk-in    Other: \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Player's Age \_\_\_\_\_ School Name \_\_\_\_\_

Jersey Size's: Youth: S M L Adult: S M L XL

### Parent/Guardian Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

### Disclaimer

I declare that I am the parent or legal guardian of \_\_\_\_\_, a minor, age \_\_\_\_\_, 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 Club 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 Club volunteer or employee to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for my 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 above listed phone. In case I cannot be reached in an emergency, medical treatment as described above may proceed without further authorization. I understand the "open door" policy which allows children to come and go as they please. 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 of 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.

Signed \_\_\_\_\_

Date \_\_\_\_\_